

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
LICENSING AND CERTIFICATION DIVISION
STATUS REPORT**

This is an alphabetical list by county of all non-medical alcoholism and drug abuse recovery or treatment facilities licensed and/or certified by the Department of Alcohol and Drug Programs.

To view facilities within a specific county, simply click on the county name below. For easier browsing and navigation through this report, please access the **[“Page and Bookmark”](#)** View option on your Adobe Reader.

[Alameda County](#)

[Alpine County](#)

[Amador County](#)

[Butte County](#)

[Calaveras County](#)

[Colusa County](#)

[Contra Costa County](#)

[Del Norte County](#)

[El Dorado County](#)

[Fresno County](#)

[Glenn County](#)

[Humboldt County](#)

[Imperial County](#)

[Inyo County](#)

[Kern County](#)

[Kings County](#)

[Lake County](#)

[Lassen County](#)

[Los Angeles County](#)

[Madera County](#)

[Marin County](#)

[Mariposa County](#)

[Mendocino County](#)

[Merced County](#)

[Modoc County](#)

[Mono County](#)

[Monterey County](#)

[Napa County](#)

[Nevada County](#)

[Orange County](#)

[Placer County](#)

[Plumas County](#)

[Riverside County](#)

[Sacramento County](#)

[San Benito County](#)

[San Bernardino County](#)

[San Diego County](#)

[San Francisco County](#)

[San Joaquin County](#)

[San Luis Obispo County](#)

[San Mateo County](#)

[Santa Barbara County](#)

[Santa Clara County](#)

[Santa Cruz County](#)

[Shasta County](#)

[Sierra County](#)

[Siskiyou County](#)

[Solano County](#)

[Sonoma County](#)

[Stanislaus County](#)

[Sutter County](#)

[Tehama County](#)

[Trinity County](#)

[Tulare County](#)

[Tuolumne County](#)

[Ventura County](#)

[Yolo County](#)

[Yuba County](#)

COMMENTS?

We are always looking for ways to improve this document. If you have any comments or suggestions, please e-mail them to hyanez@adp.ca.gov, or contact the Licensing and Certification Division at (916) 322-2911.

LEGEND

CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS LICENSED RESIDENTIAL FACILITIES AND/OR CERTIFIED ALCOHOL AND DRUG PROGRAMS

Program Name:	The facility/program name.
Legal Name:	The legal name of the entity having the authority and responsibility for the operation of the facility or program.
Address:	The facility/ program address. The location where services are provided.
City/State:	Name of the city where the facility/ program is located.
Record ID:	The identification number issued by the Department of Alcohol and Drug Programs (ADP), Residential and Outpatient Programs Compliance Branch (ROPCB), for licensed facilities or certified programs. The last digit tells if the facility/ program is a nonprofit (N) or profit (P) entity.
Service Type:	Indicates if the facility/program is: <ul style="list-style-type: none">o RES - Indicates facility licensed by the Department of Alcohol and Drug Programs (ADP), the licensing authority for 24-hour residential nonmedical alcoholism or drug abuse recovery or treatment facilities serving adults.o NON - Indicates a nonresidential program which has voluntarily applied to ADP for alcohol and/ or drug certification.o DETOX - Indicates a free standing, 24-hour nonmedical detoxification facility licensed by ADP.o RES-DETOX - Indicates a facility licensed by ADP to provide 24-hour residential nonmedical alcohol and/or drug recovery, treatment, and detoxification services for adults.o DHS - Indicates licensure by the Department of Health Services, the licensing authority for medical alcohol and drug recovery or treatment facilities whose programs are certified by ADP. Typically, these are Chemical Dependency Recovery Hospitals.o DSS - Indicates licensure by the Department of Social Services, the licensing authority for residential facilities for individuals in need of care and supervision whose programs are certified by ADP. Typically, these are group homes.o COR - Indicates the facility is under the jurisdiction of the Department of Corrections (locked facility) whose program is certified by ADP.
Resident Capacity:	Indicates the maximum number of residents authorized by ADP to receive recovery, treatment, or detoxification services at any one time in the residential facility.
Total Occupancy:	Designates the maximum number of residential facility participants plus any dependent children, staff, or volunteers who may be housed in the facility. This occupancy is approved by the State or local fire authority.

(The resident capacity and total occupancy are only indicated for licensed residential facilities. Certified nonresidential facilities show "0" as the resident capacity and total occupancy.)

Target Population: Describes the targeted population of the facility or program.

- o 1.1 – Co-Ed
- o 1.2 – Men Only
- o 1.3 - Women Only
- o 1.4 - Women/Children
- o 1.5 – Youth/Adolescents
- o 1.7 – Families
- o 1.8 – Dual Diagnosis
- o 1.9 – Co-Ed/Children
- o 1.10 – Co-Ed/Youth
- o 1.11 – Men/Youth
- o 1.12 – Women/Youth
- o 1.13 – Co-Ed/Child/Dual
- o 1.14 – Women/Child/Dual

Expiration Date: Expiration date of the facility's current license and/or certification.

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alameda County

Program Name: ALAMEDA FAMILY SERVICES Legal Name: ALAMEDA FAMILY SERVICES Address: 2325 CLEMENT AVENUE City, State: ALAMEDA, CA 94501 Phone #: (510)522-8363	Record ID: 010091AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2008
Program Name: ALLIED RE-ENTRY PROGRAM Legal Name: ALLIED FELLOWSHIP SERVICE Address: 1524 29TH AVENUE City, State: OAKLAND, CA 94601 Phone #: (510)535-1236 Fax #: (510)534-2650	Record ID: 010036BN Service Type: RES Resident Capacity: 37 Total Occupancy: 43 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: ALLIED FELLOWSHIP SERVICE Legal Name: ALLIED FELLOWSHIP SERVICE Address: 1851 10TH STREET City, State: OAKLAND, CA 94606 Phone #: (510)534-1986 Fax #: (510)534-3025	Record ID: 010036DN Service Type: RES Resident Capacity: 25 Total Occupancy: 25 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: AXIS COMMUNITY HEALTH CENTER Legal Name: AXIS COMMUNITY HEALTH CENTER, INC. Address: 4341 RAILROAD AVENUE City, State: PLEASANTON, CA 94566 Phone #: (925)201-5544 Fax #: (925)485-1273	Record ID: 010046BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009
Program Name: ORCHID WOMEN'S RECOVERY CENTER Legal Name: BI-BETT Address: 1342 EAST 27TH STREET City, State: OAKLAND, CA 94606 Phone #: (510)535-0611 Fax #: (510)535-1358	Record ID: 010006AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.4 Expiration Date 04/30/2008
Program Name: ORCHID WOMEN'S RECOVERY CENTER Legal Name: BI-BETT Address: 1392 EAST 27TH STREET City, State: OAKLAND, CA 94606 Phone #: (510)535-0611 Fax #: (510)535-1358	Record ID: 010006CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 06/30/2008
Program Name: EAST OAKLAND RECOVERY CENTER Legal Name: BI-BETT Address: 10700 MACARTHUR BOULEVARD, SUITE 12 City, State: OAKLAND, CA 94605 Phone #: (510)568-2432 Fax #: (510)568-3912	Record ID: 010006DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Alameda County

Program Name: C.U.R.A., INC.	Record ID: 010010AN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATE	Service Type: RES
Address: 37437 GLENMOOR DRIVE	Resident Capacity: 51
City, State: FREMONT, CA 94536	Total Occupancy: 51
Phone #: (510)713-3200 Fax #: (510)713-0684	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: C.U.R.A., INC.	Record ID: 010010CN
Legal Name: CARNALES UNIDOS REFORMANDO ADICTOS INCORPORATED (C.U.F	Service Type: RES
Address: 531 24TH STREET	Resident Capacity: 48
City, State: OAKLAND, CA 94612	Total Occupancy: 48
Phone #: (510)839-2525 Fax #: (510)663-8982	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PHASE III MEN'S RECOVERY FACILITY	Record ID: 010084AN
Legal Name: CHRISTIAN SERVICES	Service Type: RES
Address: 1014 21ST STREET	Resident Capacity: 6
City, State: OAKLAND, CA 94607	Total Occupancy: 6
Phone #: (510)763-5713 Fax #: (510)763-7529	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: PROJECT PRIDE RESIDENTIAL PROGRAM FOR WOMEN & CHILDREN	Record ID: 010025BN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: RES
Address: 2551 SAN PABLO AVENUE	Resident Capacity: 62
City, State: OAKLAND, CA 94612	Total Occupancy: 119
Phone #: (510)446-7150 Fax #: (510)832-0626	Target Population: 1.4
	Expiration Date 07/31/2008
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT	Record ID: 010025DN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 22971 SUT22971 SUTRO STREET, SUITE A	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)728-8600 Fax #: (510)728-8605	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: EAST BAY COMMUNITY RECOVERY PROJECT - NONRESIDENTIAL	Record ID: 010025CN
Legal Name: EAST BAY COMMUNITY RECOVERY PROJECT	Service Type: NON
Address: 2551 AND 2577 SAN PABLO AVENUE	Resident Capacity: 0
City, State: OAKLAND, CA 94612	Total Occupancy: 0
Phone #: (510)446-7180 Fax #: (510)832-0606	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: THE HARRIET TUBMAN RECOVERY CENTER	Record ID: 010017DN
Legal Name: HEALTHY BABIES PROJECT, INC.	Service Type: RES
Address: 1004 36TH STREET	Resident Capacity: 6
City, State: OAKLAND, CA 94608	Total Occupancy: 6
Phone #: (510)594-1113 Fax #: (510)652-4564	Target Population: 1.3
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alameda County

Program Name: MAUDELL SHIREK RECOVERY VILLAGE	Record ID: 010017FN
Legal Name: HEALTHY BABIES PROJECT, INC.	Service Type: NON
Address: 471 34TH STREET	Resident Capacity: 0
City, State: OAKLAND, CA 94609	Total Occupancy: 0
Phone #: (510)450-0881 Fax #: (510)652-4564	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: NEW HEIGHTS CHRISTIAN CENTER	Record ID: 010077AN
Legal Name: HOREB HOUSE	Service Type: RES
Address: 1251 98TH AVENUE	Resident Capacity: 6
City, State: OAKLAND, CA 94603	Total Occupancy: 6
Phone #: (510)382-1234 Fax #: (510)436-7742	Target Population: 1.3
	Expiration Date 08/31/2009
Program Name: PROJECT EDEN, A PROGRAM OF HORIZON SERVICES, INC	Record ID: 010001CN
Legal Name: HORIZON SERVICES, INC.	Service Type: NON
Address: 22646 SECOND STREET	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)247-8200 Fax #: (510)247-8202	Target Population: 1.5
	Expiration Date 09/30/2008
Program Name: CHRYSALIS	Record ID: 010001AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 3839, 3841, AND 3845 TELEGRAPH AVENUE	Resident Capacity: 27
City, State: OAKLAND, CA 94609	Total Occupancy: 28
Phone #: (510)450-1190 Fax #: (510)455-3520	Target Population: 1.3
	Expiration Date 10/31/2007
Program Name: CRONIN HOUSE	Record ID: 010001BN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES
Address: 2595 DEPOT ROAD	Resident Capacity: 40
City, State: HAYWARD, CA 94545	Total Occupancy: 44
Phone #: (510)784-5874 Fax #: (510)784-9194	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: MISSIONARY RECOVERY CENTER	Record ID: 010076AN
Legal Name: JUBILEE RESTORATION INCORPORATED	Service Type: RES
Address: 871 27TH STREET	Resident Capacity: 12
City, State: OAKLAND, CA 94607	Total Occupancy: 12
Phone #: (510)540-8111 Fax #: (510)849-9092	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA	Record ID: 010002AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMEDA	Service Type: RES
Address: 425 VERNON STREET	Resident Capacity: 20
City, State: OAKLAND, CA 94610	Total Occupancy: 20
Phone #: (510)419-1040 Fax #: (510)535-2346	Target Population: 1.2
	Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alameda County

Program Name:	MUJERES CON ESPERANZA/WOMEN'S SERVICES ENHANCEMENT PR	Record ID:	010002EN
Legal Name:	LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type:	NON
Address:	3315 INTERNATIONAL BOULEVARD	Resident Capacity:	0
City, State:	OAKLAND, CA 94601	Total Occupancy:	0
Phone #:	(510)536-4764	Target Population:	1.3
Fax #:	(510)535-2346	Expiration Date	10/31/2008
Program Name:	SI SE PUEDE	Record ID:	010002DN
Legal Name:	LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE OF ALAMED	Service Type:	NON
Address:	1315 FRUITVALE AVENUE	Resident Capacity:	0
City, State:	OAKLAND, CA 94601	Total Occupancy:	0
Phone #:	(510)536-4760	Target Population:	1.1
Fax #:	(510)535-6312	Expiration Date	10/31/2008
Program Name:	MAGNOLIA WOMEN'S RECOVERY PROGRAM	Record ID:	010081AN
Legal Name:	MAGNOLIA WOMEN'S RECOVERY PROGRAM, INC.	Service Type:	RES
Address:	682 BRIERGATE WAY	Resident Capacity:	6
City, State:	HAYWARD, CA 94544	Total Occupancy:	12
Phone #:	(510)487-2916	Target Population:	1.4
Fax #:	(510)487-2618	Expiration Date	09/30/2007
Program Name:	OCCUPATIONAL HEALTH SERVICES	Record ID:	010087AP
Legal Name:	MHN DBA OCCUPATIONAL HEALTH SERVICES, INC.	Service Type:	NON
Address:	344 PENDLETON WAY	Resident Capacity:	0
City, State:	OAKLAND, CA 94621	Total Occupancy:	0
Phone #:	(510)569-9888	Target Population:	1.1
Fax #:	(510)569-3743	Expiration Date	05/31/2008
Program Name:	MMM DEVELOPMENT HOMES/THE OASIS	Record ID:	010092AN
Legal Name:	MMM DEVELOPMENT HOMES CORPORATION	Service Type:	RES
Address:	361 105TH AVENUE	Resident Capacity:	56
City, State:	OAKLAND, CA 94603	Total Occupancy:	56
Phone #:	(510)383-9046	Target Population:	1.1
Fax #:	(510)383-9337	Expiration Date	09/30/2009
Program Name:	NATIVE AMERICAN HEALTH CENTER	Record ID:	010090AN
Legal Name:	NATIVE AMERICAN HEALTH CENTER, INC.	Service Type:	NON
Address:	3124 INTERNATIONAL BOULEVARD	Resident Capacity:	0
City, State:	OAKLAND, CA 94601	Total Occupancy:	0
Phone #:	(510)535-4440	Target Population:	1.1
Fax #:	(510)437-9574	Expiration Date	04/30/2008
Program Name:	OPTIONS RECOVERY SERVICES	Record ID:	010066AN
Legal Name:	OPTIONS RECOVERY SERVICES	Service Type:	NON
Address:	1931 CENTER STREET	Resident Capacity:	0
City, State:	BERKELEY, CA 94704	Total Occupancy:	0
Phone #:	(510)666-9552	Target Population:	1.1
Fax #:	(510)666-0987	Expiration Date	05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Alameda County

Program Name: PRAISE FELLOWSHIP MEN'S RECOVERY FACILITY	Record ID: 010078AN
Legal Name: PRAISE FELLOWSHIP MINISTRIES, INC.	Service Type: RES
Address: 6423 BANCROFT AVENUE, UNITS A AND B	Resident Capacity: 24
City, State: OAKLAND, CA 94605	Total Occupancy: 24
Phone #: (510)569-2906 Fax #: (510)569-9842	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: R-QUEST	Record ID: 010082AP
Legal Name: R-QUEST	Service Type: NON
Address: 40 CALIFORNIA AVENUE, SUITE B	Resident Capacity: 0
City, State: PLEASANTON, CA 94566	Total Occupancy: 0
Phone #: (925)426-0501 Fax #: (925)426-0506	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: SECOND CHANCE CABRILLO CENTER	Record ID: 010061EN
Legal Name: SECOND CHANCE, INC.	Service Type: NON
Address: 4673-P THORNTON AVENUE	Resident Capacity: 0
City, State: FREMONT, CA 94536	Total Occupancy: 0
Phone #: (510)792-4357 Fax #: (510)745-1693	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: SECOND CHANCE, (TRI-CITIES) INC.	Record ID: 010061AN
Legal Name: SECOND CHANCE, INC.	Service Type: NON
Address: 6330 THORNTON AVENUE	Resident Capacity: 0
City, State: NEWARK, CA 94560	Total Occupancy: 0
Phone #: (510)792-4357 Fax #: (510)745-1693	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SECOND CHANCE, INC.	Record ID: 010061GN
Legal Name: SECOND CHANCE, INC.	Service Type: NON
Address: 1826 B STREET	Resident Capacity: 0
City, State: HAYWARD, CA 94541	Total Occupancy: 0
Phone #: (510)886-8696 Fax #: (510)745-1693	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: SECOND CHANCE PHOENIX PROGRAM	Record ID: 010061DN
Legal Name: SECOND CHANCE, INC.	Service Type: NON
Address: 4673 THORNTON AVENUE SUITE P	Resident Capacity: 0
City, State: FREMONT, CA 94536	Total Occupancy: 0
Phone #: (510)792-4357 Fax #: (510)745-1693	Target Population: 1.4
	Expiration Date 05/31/2009
Program Name: SECOND CHANCE ASHLAND CENTER	Record ID: 010061BN
Legal Name: SECOND CHANCE, INC.	Service Type: NON
Address: 1403 164TH AVENUE	Resident Capacity: 0
City, State: SAN LEANDRO, CA 94578	Total Occupancy: 0
Phone #: (510)481-8645 Fax #: (510)745-1693	Target Population: 1.1
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alameda County

Program Name: FREEDOM HOUSE	Record ID: 010041AN
Legal Name: SEVENTH STEP FOUNDATION, INC.	Service Type: RES
Address: 475 MEDFORD AVENUE	Resident Capacity: 32
City, State: HAYWARD, CA 94541	Total Occupancy: 32
Phone #: (510)278-0230 Fax #: (510)278-8054	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: TERRA FIRMA DIVERSION/EDUCATIONAL SERVICES	Record ID: 010079AP
Legal Name: TERRA FIRMA DIVERSION EDUCATIONAL SERVICES	Service Type: NON
Address: 30086 MISSION BOULEVARD	Resident Capacity: 0
City, State: HAYWARD, CA 94544	Total Occupancy: 0
Phone #: (510)675-9362 Fax #: (510)675-9468	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: FRIENDSHIP HOUSE AMERICAN INDIAN LODGE	Record ID: 010062AN
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS	Service Type: RES
Address: 1818 38TH AVENUE AND 1815 39TH AVENUE	Resident Capacity: 11
City, State: OAKLAND, CA 94601	Total Occupancy: 17
Phone #: (510)535-7100 Fax #: (510)535-3445	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: NEW BRIDGE FOUNDATION	Record ID: 010013AN
Legal Name: THE NEW BRIDGE FOUNDATION, INC.	Service Type: RES-DETOX
Address: 1816 AND 1820 SCENIC AVENUE	Resident Capacity: 93
City, State: BERKELEY, CA 94709	Total Occupancy: 93
Phone #: (510)548-7270 Fax #: (510)548-2880	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: NEW BRIDGE FOUNDATION	Record ID: 010013DN
Legal Name: THE NEW BRIDGE FOUNDATION, INC.	Service Type: NON
Address: 1398 SOLANO AVENUE	Resident Capacity: 0
City, State: ALBANY, CA 94706	Total Occupancy: 0
Phone #: (510)526-6200 Fax #: (510)526-2880	Target Population: 1.1
	Expiration Date 04/30/2007
Program Name: NEW BRIDGE FOUNDATION	Record ID: 010013BN
Legal Name: THE NEW BRIDGE FOUNDATION, INC.	Service Type: NON
Address: 1816 AND 1820 SCENIC AVENUE	Resident Capacity: 0
City, State: BERKELEY, CA 94709	Total Occupancy: 0
Phone #: (510)548-7270 Fax #: (510)548-1060	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: KELLER HOUSE	Record ID: 010011CN
Legal Name: THE SOLID FOUNDATION	Service Type: RES
Address: 353 ATHOL AVENUE	Resident Capacity: 8
City, State: OAKLAND, CA 94606	Total Occupancy: 16
Phone #: (510)251-2001	Target Population: 1.4
	Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Alameda County

Program Name: THE SOLID FOUNDATION WOMEN'S CENTER
Legal Name: THE SOLID FOUNDATION
Address: 4778 INTERNATIONAL BOULEVARD
City, State: OAKLAND, CA 94601
Phone #: (510)533-5317 Fax #: (510)533-4314

Record ID: 010011FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.3
Expiration Date 09/30/2009

Program Name: MANDELA II
Legal Name: THE SOLID FOUNDATION
Address: 3408 ANDOVER STREET
City, State: OAKLAND, CA 94609
Phone #: (510)428-0457

Record ID: 010011DN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 24
Target Population: 1.4
Expiration Date 08/31/2009

Program Name: MANDELA I
Legal Name: THE SOLID FOUNDATION, INC.
Address: 6939 MAC ARTHUR BOULEVARD
City, State: OAKLAND, CA 94605
Phone #: (510)553-9973 Fax #: (510)482-6493

Record ID: 010011GN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 12
Target Population: 1.3
Expiration Date 08/31/2009

Program Name: ALAMEDA HOUSE
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 34401 AND 34413 BLACKSTONE WAY
City, State: FREMONT, CA 94555
Phone #: (510)796-7120

Record ID: 010019AN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.2
Expiration Date 05/31/2008

Program Name: CROSSROADS
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.
Address: 823 OLAVINA STREET
City, State: LIVERMORE, CA 94550
Phone #: (925)371-0992 Fax #: (925)371-0995

Record ID: 010019BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2009

Program Name: COMMUNITY RECOVERY CENTER
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 7501 INTERNATIONAL BOULEVARD
City, State: OAKLAND, CA 94621
Phone #: (510)430-1771 Fax #: (510)569-4965

Record ID: 010005FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2008

Program Name: WEST OAKLAND OUTPATIENT SUBSTANCE ABUSE SERVICES
Legal Name: THE WEST OAKLAND HEALTH COUNCIL
Address: 3007 TELEGRAPH AVENUE
City, State: OAKLAND, CA 94609
Phone #: (510)433-1500 Fax #: (510)433-1526

Record ID: 010005HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alameda County

Program Name: WEST OAKLAND HEALTH COUNCIL TRANSITIONAL HOUSING	Record ID: 010005IN
Legal Name: THE WEST OAKLAND HEALTH COUNCIL	Service Type: RES
Address: 450 27TH STREET	Resident Capacity: 23
City, State: OAKLAND, CA 94609	Total Occupancy: 23
Phone #: (510)268-8305 Fax #: (510)433-1514	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: WISTAR R AND R PROGRAM, INC.	Record ID: 010032CN
Legal Name: WISTAR R AND R PROGRAM, INC.	Service Type: RES
Address: 9735 EMPIRE ROAD	Resident Capacity: 5
City, State: OAKLAND, CA 94603	Total Occupancy: 5
Phone #: (510)568-9288 Fax #: (510)562-1549	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: WISTAR WOMEN'S R AND R PROGRAM	Record ID: 010032BN
Legal Name: WISTAR R AND R PROGRAM, INC.	Service Type: RES
Address: 273 TUNIS ROAD	Resident Capacity: 6
City, State: OAKLAND, CA 94603	Total Occupancy: 6
Phone #: (510)638-4470 Fax #: (510)562-1549	Target Population: 1.3
	Expiration Date 08/31/2009
Program Name: WOMEN ON THE WAY RECOVERY CENTER	Record ID: 010072AN
Legal Name: WOMEN ON THE WAY RECOVERY CENTER	Service Type: RES
Address: 20424 HAVILAND AVENUE	Resident Capacity: 10
City, State: HAYWARD, CA 94541	Total Occupancy: 10
Phone #: (510)276-3661 Fax #: (510)278-7933	Target Population: 1.3
	Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Alpine County

No licensed or certified facilities at this time.

Please check with a neighboring county for services.

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Amador County

Program Name: AMADOR COUNTY ALCOHOL AND DRUG SERVICES

Legal Name: AMADOR COUNTY

Address: 1001 BROADWAY, SUITES 106 AND 204

City, State: JACKSON, CA 95642

Phone #: (209)223-6556 Fax #: (209)223-3460

Record ID: 030001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 05/31/2009

Program Name: MACT BEHAVIOR HEALTH HEALING CENTER

Legal Name: M.A.C.T. HEALTH BOARD, INCORPORATED

Address: 15505 DALTON'S DRIVE

City, State: JACKSON, CA 95642

Phone #: (209)223-8480 Fax #: (209)223-8483

Record ID: 030002AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.8

Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Butte County

Program Name: TRI COUNTY TREATMENT RESIDENTIAL PROGRAM FOR WOMEN	Record ID: 040024CP
Legal Name: CHAPMAN, JULIE	Service Type: RES
Address: 2472 ORO QUINCY HIGHWAY, SUITES # A AND # B	Resident Capacity: 12
City, State: OROVILLE, CA 95966	Total Occupancy: 12
Phone #: (530)533-5272 Fax #: (530)533-6821	Target Population: 1.3
	Expiration Date 04/30/2008
 Program Name: TRI COUNTY TREATMENT CO-EDUCATIONAL RESIDENTIAL FACILIT	 Record ID: 040024AP
Legal Name: CHAPMAN, JULIE - TRI COUNTY TREATMENT	Service Type: RES
Address: 2740 ORO DAM BOULEVARD	Resident Capacity: 48
City, State: OROVILLE, CA 95965	Total Occupancy: 60
Phone #: (530)533-5272 Fax #: (530)533-5821	Target Population: 1.1
	Expiration Date 08/31/2009
 Program Name: TRI COUNTY TREATMENT - OUTPATIENT PROGRAM	 Record ID: 040024BP
Legal Name: CHAPMAN, JULIE - TRI COUNTY TREATMENT	Service Type: NON
Address: 3014 OLIVE HIGHWAY, SUITE # 3	Resident Capacity: 0
City, State: OROVILLE, CA 95966	Total Occupancy: 0
Phone #: (530)533-4910 Fax #: (530)533-5104	Target Population: 1.1
	Expiration Date 10/31/2008
 Program Name: CHEROKEE HOUSE	 Record ID: 040007BN
Legal Name: CHEROKEE RESTORATION FELLOWSHIP	Service Type: RES
Address: 2041 FOGG AVENUE	Resident Capacity: 6
City, State: OROVILLE, CA 95965	Total Occupancy: 6
Phone #: (530)534-3663	Target Population: 1.2
	Expiration Date 11/30/2007
 Program Name: CHEROKEE OUTPATIENT PROGRAM	 Record ID: 040007CN
Legal Name: CHEROKEE RESTORATION FELLOWSHIP	Service Type: NON
Address: 1341 LINCOLN	Resident Capacity: 0
City, State: OROVILLE, CA 95965	Total Occupancy: 0
Phone #: (530)533-5429	Target Population: 1.1
	Expiration Date 02/29/2008
 Program Name: CHICO RECOVERY CENTER	 Record ID: 040021AN
Legal Name: CHICO RECOVERY CENTER	Service Type: NON
Address: 2057 FOREST AVENUE, SUITE 5	Resident Capacity: 0
City, State: CHICO, CA 95928	Total Occupancy: 0
Phone #: (530)343-6566 Fax #: (530)343-6715	Target Population: 1.7
	Expiration Date 04/30/2008
 Program Name: ESPLANADE HOUSE OUTPATIENT ALCOHOL AND DRUG PROGRAM	 Record ID: 040022AN
Legal Name: COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.	Service Type: NON
Address: 181 EAST SHASTA AVENUE	Resident Capacity: 0
City, State: CHICO, CA 95973	Total Occupancy: 0
Phone #: (530)891-2977 Fax #: (530)891-2819	Target Population: 1.1
	Expiration Date 11/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Butte County

Program Name: TOUCHSTONE MODELS OF CHANGE	Record ID: 040023AN
Legal Name: ENLOE MEDICAL CENTER	Service Type: NON
Address: 556 COHASSET ROAD	Resident Capacity: 0
City, State: CHICO, CA 95926	Total Occupancy: 0
Phone #: (530)332-5290 Fax #: (530)893-6872	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: FEATHER RIVER TRIBAL HEALTH, INC.	Record ID: 040020AN
Legal Name: FEATHER RIVER TRIBAL HEALTH, INC.	Service Type: NON
Address: 2145 5TH AVENUE	Resident Capacity: 0
City, State: OROVILLE, CA 95965	Total Occupancy: 0
Phone #: (530)534-5394 Fax #: (530)533-5219	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: FREEDOM RECOVERY EDUCATION PROGRAM	Record ID: 040010CN
Legal Name: NORTH VALLEY PARENT EDUCATION NETWORK	Service Type: NON
Address: 2070 TALBERT DRIVE	Resident Capacity: 0
City, State: CHICO, CA 95928	Total Occupancy: 0
Phone #: (530)893-0391 Fax #: (530)534-9958	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: FREEDOM, INC. DAY TREATMENT PROGRAM	Record ID: 040010AN
Legal Name: NORTH VALLEY PARENT EDUCATION NETWORK	Service Type: NON
Address: 78 TABLE MOUNTAIN BOULEVARD	Resident Capacity: 0
City, State: OROVILLE, CA 95965	Total Occupancy: 0
Phone #: (530)534-9958 Fax #: (530)534-0832	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: NORTHERN VALLEY INDIAN HEALTH, INC	Record ID: 040018AN
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.	Service Type: NON
Address: 845 WEST EAST AVENUE	Resident Capacity: 0
City, State: CHICO, CA 95926	Total Occupancy: 0
Phone #: (530)896-9400 Fax #: (530)896-9406	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SKYWAY HOUSE	Record ID: 040006CN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 4133 HIGHWAY 32	Resident Capacity: 26
City, State: CHICO, CA 95973	Total Occupancy: 26
Phone #: (530)893-3698 Fax #: (530)872-5563	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: SKYWAY HOUSE MEN'S II-B	Record ID: 040006LN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 7357-B SKYWAY	Resident Capacity: 6
City, State: PARADISE, CA 95969	Total Occupancy: 6
Phone #: (530)877-3683 Fax #: (530)877-3683	Target Population: 1.2
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Butte County

Program Name: SKYWAY HOUSE MEN'S II	Record ID: 040006KN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 7357 SKYWAY	Resident Capacity: 6
City, State: PARADISE, CA 95969	Total Occupancy: 8
Phone #: (530)877-3683 Fax #: (530)877-3683	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: SKYWAY HOUSE WOMEN'S RESIDENTIAL & T.R.A.C.K. TEACHING RE	Record ID: 040006GN
Legal Name: SKYWAY HOUSE	Service Type: RES
Address: 5075 LINCOLN BOULEVARD AND 4975 VIRGINIA STREET	Resident Capacity: 30
City, State: OROVILLE, CA 95966	Total Occupancy: 43
Phone #: (530)534-0550 Fax #: (530)898-0239	Target Population: 1.4
	Expiration Date 12/31/2007
Program Name: SKYWAY HOUSE	Record ID: 040006DN
Legal Name: SKYWAY HOUSE	Service Type: NON
Address: 564 RIO LINDO AVENUE, SUITES 102 & 103	Resident Capacity: 0
City, State: CHICO, CA 95926	Total Occupancy: 0
Phone #: (530)898-8326 Fax #: (530)898-0239	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: THE WELL ALTERNATIVE	Record ID: 040025AN
Legal Name: THE WELL MINISTRY OF RESCUE	Service Type: RES
Address: 2612 ESPLANADE	Resident Capacity: 30
City, State: CHICO, CA 95973	Total Occupancy: 30
Phone #: (530)345-6935 Fax #: (530)345-4623	Target Population: 1.2
	Expiration Date 02/29/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Calaveras County

Program Name: CALAVERAS COUNTY BEHAVIORAL HEALTH SERVICES SUBSTANCI	Record ID: 050003AN
Legal Name: CALAVERAS COUNTY	Service Type: NON
Address: 891 MOUNTAIN RANCH ROAD	Resident Capacity: 0
City, State: SAN ANDREAS, CA 95249	Total Occupancy: 0
Phone #: (209)754-6555 Fax #: (209)754-6559	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CHANGING ECHOES	Record ID: 050002AN
Legal Name: CHANGING ECHOES, INC.	Service Type: RES-DETOX
Address: 7632 POOL STATION ROAD	Resident Capacity: 32
City, State: ANGELS CAMP, CA 95222	Total Occupancy: 32
Phone #: (209)785-3666	Target Population: 1.1
	Expiration Date 09/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Colusa County

Program Name:	COUNTY OF COLUSA DEPARTMENT OF SUBSTANCE ABUSE SERVICE	Record ID:	060001FN
Legal Name:	COUNTY OF COLUSA DEPARTMENT OF SUBSTANCE ABUSE SERVICE	Service Type:	NON
Address:	162 EAST CARSON STREET, SUITE B	Resident Capacity:	0
City, State:	COLUSA, CA 95932	Total Occupancy:	0
Phone #:	(530)458-0516	Target Population:	1.1
Fax #:	(530)458-8028	Expiration Date	03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: NEVIN HOUSE	Record ID: 070036AN
Legal Name: ANKA BEHAVIORAL HEALTH, INC.	Service Type: RES
Address: 3215/3221 NEVIN AVENUE	Resident Capacity: 11
City, State: RICHMOND, CA 94808	Total Occupancy: 14
Phone #: (510)232-7633 Fax #: (510)232-6808	Target Population: 1.1
Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Record ID: 070039AP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 3707 SUNSET LANE	Resident Capacity: 0
City, State: ANTIOCH, CA 94509	Total Occupancy: 0
Phone #: (925)522-0124 Fax #: (925)522-0133	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: DIABLO VALLEY RANCH	Record ID: 070001AN
Legal Name: BI-BETT	Service Type: RES
Address: 11540 MARSH CREEK ROAD	Resident Capacity: 54
City, State: CLAYTON, CA 94517	Total Occupancy: 56
Phone #: (925)672-5700	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: DIABLO VALLEY RANCH ANNEX I	Record ID: 070001EN
Legal Name: BI-BETT	Service Type: RES
Address: 1860 BELMONT ROAD	Resident Capacity: 4
City, State: CONCORD, CA 94520	Total Occupancy: 4
Phone #: (925)682-9765	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: DIABLO VALLEY RANCH ANNEX III	Record ID: 070001GN
Legal Name: BI-BETT	Service Type: RES
Address: 1820 BELMONT ROAD	Resident Capacity: 4
City, State: CONCORD, CA 94520	Total Occupancy: 4
Phone #: (925)682-9765	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: FREDERIC OZANAM CENTER - CRYSTAL PALACE	Record ID: 070001KN
Legal Name: BI-BETT	Service Type: RES
Address: 1390 SANTA CLARA STREET	Resident Capacity: 4
City, State: CONCORD, CA 94518	Total Occupancy: 4
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2008
Program Name: FREDERIC OZANAM CENTER--EMERALD CITY	Record ID: 070001NN
Legal Name: BI-BETT	Service Type: RES
Address: 2950 PROSPECT STREET	Resident Capacity: 5
City, State: CONCORD, CA 94518	Total Occupancy: 5
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: GAADDS CENTRAL	Record ID: 070001XN
Legal Name: BI-BETT	Service Type: NON
Address: 2090 COMMERCE AVENUE	Resident Capacity: 0
City, State: CONCORD, CA 94520	Total Occupancy: 0
Phone #: (925)685-7418 Fax #: (925)685-7005	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: EAST COUNTY WOLLAM PERINATAL AND RESIDENTIAL	Record ID: 070001VN
Legal Name: BI-BETT	Service Type: RES
Address: 498 WOLLAM AVENUE, UNIT 5	Resident Capacity: 4
City, State: BAY POINT, CA 94565	Total Occupancy: 4
Phone #: (925)458-1978 Fax #: (925)458-8996	Target Population: 1.4
	Expiration Date 04/30/2008
Program Name: EAST COUNTY GAADDS	Record ID: 070001UN
Legal Name: BI-BETT	Service Type: NON
Address: 2400 SYCAMORE DRIVE, BUILDING A, SUITE # 3	Resident Capacity: 0
City, State: ANTIOCH, CA 94509	Total Occupancy: 0
Phone #: (925)685-7418 Fax #: (925)777-1581	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: EAST COUNTY WOLLAM HOUSE-RESIDENTIAL	Record ID: 070001TN
Legal Name: BI-BETT	Service Type: RES
Address: 498 WOLLAM AVENUE, SUITES 2 AND 4	Resident Capacity: 6
City, State: BAY POINT, CA 94565	Total Occupancy: 6
Phone #: (925)458-1978	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: EAST COUNTY WOLLAM HOUSE - PERINATAL	Record ID: 070001SN
Legal Name: BI-BETT	Service Type: RES
Address: 510 WOLLAM AVENUE	Resident Capacity: 6
City, State: BAY POINT, CA 94565	Total Occupancy: 12
Phone #: (925)458-1978	Target Population: 1.4
	Expiration Date 12/31/2008
Program Name: EAST COUNTY COMMUNITY WOMEN'S CENTER	Record ID: 070001RN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 2, 4, 12 AND 14 DAVI AVENUE	Resident Capacity: 15
City, State: PITTSBURG, CA 94565	Total Occupancy: 15
Phone #: (925)427-4217	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: FREDERIC OZANAM CENTER--AUNTIE EM'S	Record ID: 070001QN
Legal Name: BI-BETT	Service Type: RES
Address: 2830 PROSPECT STREET	Resident Capacity: 6
City, State: CONCORD, CA 94518	Total Occupancy: 6
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: FREDERIC OZANAM CENTER--RAINBOW VILLAGE	Record ID: 070001LN
Legal Name: BI-BETT	Service Type: RES
Address: 2901 PROSPECT STREET	Resident Capacity: 4
City, State: CONCORD, CA 94518	Total Occupancy: 4
Phone #: (925)676-4840 Fax #: (925)676-1315	Target Population: 1.3
	Expiration Date 10/31/2008
 Program Name: OAKNOLLS	 Record ID: 070001JN
Legal Name: BI-BETT	Service Type: RES
Address: 11460 MARSH CREEK ROAD	Resident Capacity: 5
City, State: CLAYTON, CA 94517	Total Occupancy: 5
Phone #: (925)672-5700	Target Population: 1.2
	Expiration Date 03/31/2008
 Program Name: EAST COUNTY WOLLAM PERINATAL	 Record ID: 070001YN
Legal Name: BI-BETT	Service Type: RES
Address: 498 WOLLAM AVENUE, UNIT 3	Resident Capacity: 4
City, State: BAY POINT, CA 94565	Total Occupancy: 4
Phone #: (925)458-1978 Fax #: (925)458-8996	Target Population: 1.4
	Expiration Date 09/30/2009
 Program Name: DIABLO VALLEY RANCH ANNEX II	 Record ID: 070001FN
Legal Name: BI-BETT	Service Type: RES
Address: 1840 BELMONT ROAD	Resident Capacity: 4
City, State: CONCORD, CA 94520	Total Occupancy: 4
Phone #: (925)682-9765	Target Population: 1.2
	Expiration Date 04/30/2008
 Program Name: SERENITY HOUSE	 Record ID: 070001DN
Legal Name: BI-BETT	Service Type: RES
Address: 11440 MARSH CREEK ROAD	Resident Capacity: 6
City, State: CLAYTON, CA 94517	Total Occupancy: 6
Phone #: (925)672-5700	Target Population: 1.2
	Expiration Date 03/31/2008
 Program Name: FREDERIC OZANAM CENTER	 Record ID: 070001BN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 2931 PROSPECT AVENUE	Resident Capacity: 6
City, State: CONCORD, CA 94518	Total Occupancy: 6
Phone #: (925)676-4840	Target Population: 1.3
	Expiration Date 10/31/2008
 Program Name: PUEBLOS DEL SOL	 Record ID: 070001CN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 2090 COMMERCE AVENUE	Resident Capacity: 20
City, State: CONCORD, CA 94520	Total Occupancy: 22
Phone #: (925)798-7250	Target Population: 1.1
	Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: EAST COUNTY WOLLAM PERINATAL	Record ID: 070001ZN
Legal Name: BI-BETT CORPORATION	Service Type: RES
Address: 498 WOLLAM AVENUE, UNIT 1	Resident Capacity: 4
City, State: BAYPOINT, CA 94565	Total Occupancy: 4
Phone #: (925)458-1978 Fax #: (925)458-8996	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CENTER POINT, INC.	Record ID: 070037AN
Legal Name: CENTER POINT, INC.	Service Type: NON
Address: 820 23RD STREET, SUITE # A	Resident Capacity: 0
City, State: RICHMOND, CA 94804	Total Occupancy: 0
Phone #: (510)412-0833	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: TRI-CITIES DISCOVERY COUNSELING CENTER	Record ID: 070012GN
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES	Service Type: NON
Address: 2523 EL PORTAL DRIVE, SUITES 203 & 206	Resident Capacity: 0
City, State: SAN PABLO, CA 94806	Total Occupancy: 0
Phone #: (510)374-7011 Fax #: (510)222-8410	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: DISCOVERY HOUSE	Record ID: 070012BN
Legal Name: CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT	Service Type: RES
Address: 4645 PACHECO BOULEVARD	Resident Capacity: 40
City, State: MARTINEZ, CA 94553	Total Occupancy: 40
Phone #: (925)646-9270	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: COLE HOUSE	Record ID: 070034AP
Legal Name: J. COLE RECOVERY HOMES, INC.	Service Type: RES
Address: 1408 A STREET	Resident Capacity: 16
City, State: ANTIOCH, CA 94509	Total Occupancy: 17
Phone #: (925)978-2873 Fax #: (925)757-0411	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: WEST COUNTY HUMAN DEVELOPMENT CENTER	Record ID: 070004AN
Legal Name: NEIGHBORHOOD HOUSE OF NORTH RICHMOND	Service Type: RES-DETOX
Address: 820 23RD STREET	Resident Capacity: 64
City, State: RICHMOND, CA 94804	Total Occupancy: 120
Phone #: (510)233-1270	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: NEW CONNECTIONS	Record ID: 070015CN
Legal Name: NEW CONNECTIONS	Service Type: NON
Address: 535 MARINA BOULEVARD	Resident Capacity: 0
City, State: PITTSBURG, CA 94565	Total Occupancy: 0
Phone #: (925)363-5000 Fax #: (925)363-5857	Target Population: 1.1
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: NEW CONNECTIONS Legal Name: NEW CONNECTIONS Address: 3024 WILLOW PASS ROAD City, State: CONCORD, CA 94519 Phone #: (925)363-5000 Fax #: (925)363-5075	Record ID: 070015EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2007
Program Name: NEW LEAF TREATMENT CENTER Legal Name: NEW LEAF PARTNERS Address: 251 LAFAYETTE CIRCLE, SUITE 150 City, State: LAFAYETTE, CA 94549 Phone #: (925)284-5200 Fax #: (925)284-5204	Record ID: 070035AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 12/31/2008
Program Name: REACH PROJECT Legal Name: R.E.A.C.H. PROJECT Address: 1915 D STREET City, State: ANTIOCH, CA 94509 Phone #: (925)754-3673	Record ID: 070024AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 06/30/2009
Program Name: REACH PROJECT, INC. Legal Name: REACH PROJECT, INC. Address: 9100 BRENTWOOD BOULEVARD City, State: BRENTWOOD, CA 94513 Phone #: (925)809-7920 Fax #: (925)754-2002	Record ID: 070024BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: CROSSROADS RECOVERY CENTER III Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2118 EAST STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704	Record ID: 070018CN Service Type: RES Resident Capacity: 11 Total Occupancy: 12 Target Population: 1.2 Expiration Date 01/31/2009
Program Name: CROSSROADS TREATMENT CENTER I - OUTPATIENT DAY/EVE Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2449 PACHECO STREET City, State: CONCORD, CA 94520 Phone #: (925)682-5704 Fax #: (925)685-4546	Record ID: 070018LN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: CROSSROADS TREATMENT CENTER II Legal Name: RECOVERY MANAGEMENT SERVICES, INC. Address: 2025 PORT CHICAGO HIGHWAY City, State: CONCORD, CA 94520 Phone #: (925)682-5704	Record ID: 070018IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: CROSSROADS RECOVERY CENTER II	Record ID: 070018KN
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.	Service Type: RES
Address: 2480 PACHECO STREET	Resident Capacity: 6
City, State: CONCORD, CA 94520	Total Occupancy: 7
Phone #: (925)682-5704	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: CROSSROADS RECOVERY CENTER IV	Record ID: 070018DN
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.	Service Type: RES
Address: 2080 EAST STREET	Resident Capacity: 9
City, State: CONCORD, CA 94520	Total Occupancy: 10
Phone #: (925)682-5704	Target Population: 1.3
	Expiration Date 01/31/2009
Program Name: CROSSROADS TREATMENT CENTER I	Record ID: 070018HN
Legal Name: RECOVERY MANAGEMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 2449 PACHECO STREET	Resident Capacity: 15
City, State: CONCORD, CA 94520	Total Occupancy: 15
Phone #: (925)682-5704	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: RUBICON SUBSTANCE ABUSE/DUAL DIAGNOSIS TREATMENT SERVI	Record ID: 070033AN
Legal Name: RUBICON PROGRAMS INCORPORATED	Service Type: NON
Address: 2500 BISSELL AVENUE	Resident Capacity: 0
City, State: RICHMOND, CA 94804	Total Occupancy: 0
Phone #: (510)235-1516 Fax #: (510)235-2025	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: SUNRISE HOUSE - NONRESIDENTIAL	Record ID: 070006AN
Legal Name: SUNRISE HOUSE	Service Type: NON
Address: 135 MASON CIRCLE, UNIT M	Resident Capacity: 0
City, State: CONCORD, CA 94520	Total Occupancy: 0
Phone #: (925)825-7049	Target Population: 1.2
	Expiration Date 09/30/2007
Program Name: ARCADIA PLACE	Record ID: 070006LN
Legal Name: SUNRISE HOUSE	Service Type: RES
Address: 2335 ARCADIA PLACE	Resident Capacity: 8
City, State: MARTINEZ, CA 94553	Total Occupancy: 8
Phone #: (925)825-7049	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: SUNRISE HOUSE	Record ID: 070006MN
Legal Name: SUNRISE HOUSE	Service Type: RES
Address: 1575 MENDOCINO DRIVE	Resident Capacity: 5
City, State: CONCORD, CA 94521	Total Occupancy: 5
Phone #: (925)825-7049 Fax #: () -	Target Population: 1.2
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: PINNACLE HOUSE Legal Name: SUNRISE HOUSE Address: 2359 PINNACLE DRIVE City, State: MARTINEZ, CA 94553 Phone #: (925)825-7049	Record ID: 070006DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 09/30/2009
Program Name: SUNRISE HOUSE, INC. Legal Name: SUNRISE HOUSE, INC. Address: 2309 PLATT STREET City, State: MARTINEZ, CA 94520 Phone #: (925)825-7049 Fax #: (925)825-4305	Record ID: 070006NN Service Type: RES Resident Capacity: 8 Total Occupancy: 8 Target Population: 1.2 Expiration Date 08/31/2008
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1901 CHURCH LANE City, State: SAN PABLO, CA 94806 Phone #: (510)236-3134	Record ID: 070008AN Service Type: RES Resident Capacity: 12 Total Occupancy: 21 Target Population: 1.4 Expiration Date 02/28/2009
Program Name: UJIMA WEST - INTENSIVE DAY TREATMENT PROGRAM Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 3939 BISSELL AVENUE City, State: RICHMOND, CA 94805 Phone #: (510)215-2280	Record ID: 070008CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 02/28/2009
Program Name: ROSEMARY CORBIN HOUSE Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 127 GRENADINE WAY City, State: HERCULES, CA 94547 Phone #: (510)799-1570 Fax #: (510)236-3200	Record ID: 070008KN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date 04/30/2008
Program Name: ELENA HOPKINS' TRANSITION HOUSE Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1515 24TH STREET City, State: RICHMOND, CA 94806 Phone #: (510)215-2280 Fax #: (510)236-3200	Record ID: 070008JN Service Type: RES Resident Capacity: 7 Total Occupancy: 7 Target Population: 1.8 Expiration Date 02/28/2009
Program Name: THE RECTORY WOMEN'S RECOVERY CENTER Legal Name: UJIMA FAMILY RECOVERY SERVICES Address: 1916 CHURCH LANE City, State: SAN PABLO, CA 94806 Phone #: (510)236-3134 Fax #: (510)236-3151	Record ID: 070008HN Service Type: RES Resident Capacity: 3 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Contra Costa County

Program Name: LA CASA UJIMA	Record ID: 070008DN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 919 MELLUS STREET	Resident Capacity: 3
City, State: MARTINEZ, CA 94533	Total Occupancy: 6
Phone #: (925)229-4065	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: UJIMA EAST - INTENSIVE DAY TREATMENT PROGRAM	Record ID: 070008EN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: NON
Address: 369 EAST LELAND ROAD	Resident Capacity: 0
City, State: PITTSBURG, CA 94565	Total Occupancy: 0
Phone #: (925)427-9100	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: LA CASA UJIMA	Record ID: 070008BN
Legal Name: UJIMA FAMILY RECOVERY SERVICES	Service Type: RES
Address: 904 MELLUS STREET	Resident Capacity: 12
City, State: MARTINEZ, CA 94533	Total Occupancy: 18
Phone #: (925)229-4065	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: VICTORY OUTREACH CHRISTIAN RECOVERY HOME PITTSBURG	Record ID: 070040AN
Legal Name: VICTORY OUTREACH CHRISTIAN RECOVERY HOME PITTSBURG	Service Type: RES
Address: 102 SCHOOL STREET	Resident Capacity: 24
City, State: PITTSBURG, CA 94565	Total Occupancy: 24
Phone #: (925)432-0937 Fax #: (925)261-0993	Target Population: 1.2
	Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Del Norte County

Program Name: DEL NORTE HEALTH AND HUMAN SERVICES/ALCOHOL AND OTHER	Record ID: 080003AN
Legal Name: DEL NORTE COUNTY HEALTH AND HUMAN SERVICES	Service Type: NON
Address: 540 H STREET	Resident Capacity: 0
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 0
Phone #: (707)464-7224 Fax #: (707)465-4272	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: JORDAN RECOVERY CENTER	Record ID: 080004AP
Legal Name: MORRISON, SANDRA DBA JORDAN RECOVERY CENTER	Service Type: RES
Address: 1246 JORDAN STREET	Resident Capacity: 14
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 14
Phone #: (707)464-7849 Fax #: (707)465-6522	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: JORDAN RECOVERY CENTER	Record ID: 080004BP
Legal Name: SANDRA MORRISON DBA JORDAN RECOVERY CENTER	Service Type: RES
Address: 1256 JORDAN STREET	Resident Capacity: 14
City, State: CRESCENT CITY, CA 95531	Total Occupancy: 14
Phone #: (707)464-7849 Fax #: (707)465-6522	Target Population: 1.2
	Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

El Dorado County

Program Name: EDCA LIFESKILLS	Record ID: 090009AN
Legal Name: EL DORADO COUNCIL ON ALCOHOLISM	Service Type: NON
Address: 893 SPRING STREET	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)622-8193	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: NARCONON VISTA BAY	Record ID: 090018AN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: RES
Address: 1364 RUTH HAVEN LANE	Resident Capacity: 15
City, State: PLACERVILLE, CA 95667	Total Occupancy: 18
Phone #: (530)295-5550 Fax #: (530)295-5551	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: NARCONON VISTA BAY	Record ID: 090018BN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: NON
Address: 1364 RUTH HAVEN LANE	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)295-5550	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: NEW MORNING YOUTH AND FAMILY SERVICES	Record ID: 090005AN
Legal Name: NEW MORNING YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 6765 GREEN VALLEY ROAD	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)622-5551	Target Population: 1.5
	Expiration Date 12/31/2008
Program Name: PROGRESS HOUSE MEN'S FACILITY	Record ID: 090002AN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 838 BEACH COURT ROAD	Resident Capacity: 20
City, State: COLOMA, CA 95613	Total Occupancy: 20
Phone #: (530)626-7252	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY	Record ID: 090002BN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 6850 GREEN LEAF DRIVE	Resident Capacity: 16
City, State: PLACERVILLE, CA 95667	Total Occupancy: 28
Phone #: (530)333-9460	Target Population: 1.4
	Expiration Date 05/31/2008
Program Name: PROGRESS HOUSE OUTPATIENT SERVICES	Record ID: 090002CN
Legal Name: PROGRESS HOUSE, INC.	Service Type: NON
Address: 2914 COLD SPRINGS ROAD, SUITE A	Resident Capacity: 0
City, State: PLACERVILLE, CA 95667	Total Occupancy: 0
Phone #: (530)642-1715	Target Population: 1.1
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

El Dorado County

Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 3
City, State: CAMINO, CA 95709
Phone #: (530)644-3758 Fax #: (530)644-3782

Record ID: 090002HN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.4
Expiration Date 06/30/2008

Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 5
City, State: CAMINO, CA 95709
Phone #: (530)644-3758

Record ID: 090002IN
Service Type: RES
Resident Capacity: 2
Total Occupancy: 4
Target Population: 1.4
Expiration Date 06/30/2008

Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 1
City, State: CAMINO, CA 95709
Phone #: (530)644-3758 Fax #: (530)644-3782

Record ID: 090002EN
Service Type: RES
Resident Capacity: 2
Total Occupancy: 4
Target Population: 1.4
Expiration Date 12/31/2007

Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 2
City, State: CAMINO, CA 95709
Phone #: (530)644-3758 Fax #: (430)644-3782

Record ID: 090002GN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.4
Expiration Date 05/31/2008

Program Name: PROGRESS HOUSE PERINATAL FACILITY
Legal Name: PROGRESS HOUSE, INC.
Address: 5494 PONY EXPRESS TRAIL, HOUSE 4
City, State: CAMINO, CA 95709
Phone #: (530)644-3758 Fax #: (530)644-3782

Record ID: 090002FN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.4
Expiration Date 12/31/2007

Program Name: SHINGLE SPRINGS TRIBAL HEALTH PROGRAM
Legal Name: SHINGLE SPRINGS RANCHERIA
Address: 4140 MOTHER LODGE DRIVE, SUITE 104
City, State: SHINGLE SPRINGS, CA 95680
Phone #: (530)672-8059 Fax #: (530)672-8057

Record ID: 090017AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2008

Program Name: SIERRA RECOVERY CENTER
Legal Name: SIERRA RECOVERY CENTER
Address: 921 MACINAW STREET, UNIT 3
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-5440 Fax #: (530)541-5235

Record ID: 090003FN
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

El Dorado County

Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 921 MACINAW STREET, UNIT 1 City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5440 Fax #: (530)541-5235	Record ID: 090003DN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 2677 REAVES STREET City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003AN Service Type: RES Resident Capacity: 14 Total Occupancy: 14 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 931 MACINAW AVENUE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003CN Service Type: RES Resident Capacity: 11 Total Occupancy: 11 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 921 MACINAW STREET, UNIT 4 City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5440 Fax #: (530)541-5235	Record ID: 090003GN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: SIERRA RECOVERY CENTER Legal Name: SIERRA RECOVERY CENTER Address: 1137 EMERALD BAY ROAD City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-5190 Fax #: (530)542-3194	Record ID: 090003BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: TAHOE TURNING POINT - MOUNTAIN Legal Name: TAHOE TURNING POINT Address: 1804 13TH STREET City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)541-0612	Record ID: 090014BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: TAHOE TURNING POINT - MEADOWS Legal Name: TAHOE TURNING POINT Address: 930 MULE DEER CIRCLE City, State: SOUTH LAKE TAHOE, CA 96150 Phone #: (530)577-1722 Fax #: (530)541-4594	Record ID: 090014EN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

El Dorado County

Program Name: TAHOE TURNING POINT (MEYERS HOUSE)
Legal Name: TAHOE TURNING POINT
Address: 1154 COUNTRY CLUB DRIVE
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)577-5340 Fax #: (530)577-5323

Record ID: 090014DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: TAHOE TURNING POINT - HEAVENLY
Legal Name: TAHOE TURNING POINT
Address: 1415 KELLER
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)542-1200

Record ID: 090014CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: TAHOE YOUTH AND FAMILY SERVICES
Legal Name: TAHOE YOUTH AND FAMILY SERVICES
Address: 1021 FREMONT AVENUE
City, State: SOUTH LAKE TAHOE, CA 96150
Phone #: (530)541-2445

Record ID: 090006AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2009

Program Name: OUTPATIENT AND DAY TREATMENT COUNSELING SERVICES
Legal Name: THE GATES RECOVERY FOUNDATION
Address: 2810 COLOMA STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-9500 Fax #: (530)622-9534

Record ID: 090016BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: THE GATES RECOVERY FOUNDATION OUTPATIENT SERVICES
Legal Name: THE GATES RECOVERY FOUNDATION
Address: 1864 BROADWAY STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-9500

Record ID: 090016CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2009

Program Name: THE GATES RECOVERY FOUNDATION DETOXIFICATION FACILITY
Legal Name: THE GATES RECOVERY FOUNDATION
Address: 2810 COLOMA STREET
City, State: PLACERVILLE, CA 95667
Phone #: (530)622-9500 Fax #: (530)651-1423

Record ID: 090016AN
Service Type: RES-DETOX
Resident Capacity: 9
Total Occupancy: 9
Target Population: 1.1
Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: SPECIAL SERVICES COMMUNITY CENTER: REEDLEY ALCOHOL & DI	Record ID: 100073BN
Legal Name: A & J SOCIAL SERVICES	Service Type: NON
Address: 749 G STREET, #B	Resident Capacity: 0
City, State: REEDLEY, CA 93654	Total Occupancy: 0
Phone #: (559)637-1036	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: SPECIAL SERVICES COMMUNITY CENTER: KERMAN ALCOHOL AND	Record ID: 100073CN
Legal Name: A & J SOCIAL SERVICES	Service Type: NON
Address: 661 SOUTH MADERA AVENUE	Resident Capacity: 0
City, State: KERMAN, CA 93630	Total Occupancy: 0
Phone #: (559)846-8444	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: A & J SOCIAL SERVICES, LLC	Record ID: 100073AN
Legal Name: A & J SOCIAL SERVICES, LLC	Service Type: NON
Address: 855 WEST ASHLAN AVENUE, SUITE 101	Resident Capacity: 0
City, State: CLOVIS, CA 93612	Total Occupancy: 0
Phone #: (559)348-0129 Fax #: (559)348-1367	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: ADDICTION INTERVENTION RESOURCES, INC.	Record ID: 100045AP
Legal Name: ADDICTION INTERVENTION RESOURCES, INC.	Service Type: RES
Address: 405 NORTH BROADWAY	Resident Capacity: 6
City, State: FRESNO, CA 93701	Total Occupancy: 6
Phone #: (559)486-3146 Fax #: (559)225-4278	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: ADDICTION INTERVENTION RESOURCES, INC.	Record ID: 100045CP
Legal Name: ADDICTION INTERVENTION RESOURCES, INC.	Service Type: NON
Address: 405 NORTH BROADWAY	Resident Capacity: 0
City, State: FRESNO, CA 93701	Total Occupancy: 0
Phone #: (559)486-3146 Fax #: (559)486-3146	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.	Record ID: 100057AN
Legal Name: ASI COUNSELING AND PROFESSIONAL SERVICES, INC.	Service Type: NON
Address: 1570 NORTH WISHON AVENUE	Resident Capacity: 0
City, State: FRESNO, CA 93728	Total Occupancy: 0
Phone #: (559)499-1011 Fax #: (559)230-1670	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS)	Record ID: 100080AP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 3103 EAST CARTWRIGHT AVENUE	Resident Capacity: 0
City, State: FRESNO, CA 93725	Total Occupancy: 0
Phone #: (559)498-7100 Fax #: (559)498-7111	Target Population: 1.1
	Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS)	Record ID: 100080BP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1235 E STREET	Resident Capacity: 0
City, State: FRESNO, CA 93706	Total Occupancy: 0
Phone #: (559)268-6261 Fax #: (559)268-7518	Target Population: 1.1
	Expiration Date 02/28/2009
 Program Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.	 Record ID: 100003AN
Legal Name: COMPREHENSIVE ADDICTION PROGRAMS, INC.	Service Type: RES-DETOX
Address: 2445 WEST WHITESBRIDGE ROAD	Resident Capacity: 75
City, State: FRESNO, CA 93706	Total Occupancy: 75
Phone #: (559)264-5096	Target Population: 1.1
	Expiration Date 11/30/2007
 Program Name: FOUNDATION FIRST RECOVERY ASSISTANCE PROGRAM	 Record ID: 100061AP
Legal Name: DANIEL "RICK" FLORES	Service Type: NON
Address: 2137 AMADOR STREET	Resident Capacity: 0
City, State: FRESNO, CA 93721	Total Occupancy: 0
Phone #: (559)498-8084 Fax #: (559)498-8085	Target Population: 1.1
	Expiration Date 08/31/2008
 Program Name: DELTA POINT	 Record ID: 100064AN
Legal Name: DELTA POINT	Service Type: NON
Address: 707 NORTH FULTON, SUITE C	Resident Capacity: 0
City, State: FRESNO, CA 93728	Total Occupancy: 0
Phone #: (559)486-0367 Fax #: (559)486-7768	Target Population: 1.1
	Expiration Date 08/31/2008
 Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS	 Record ID: 100009DP
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS	Service Type: RES
Address: 5643 EAST WAVERLY LANE	Resident Capacity: 6
City, State: FRESNO, CA 93727	Total Occupancy: 8
Phone #: (559)454-1819	Target Population: 1.1
	Expiration Date 04/30/2008
 Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS-NONRESIDENTIAL	 Record ID: 100009FP
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS	Service Type: NON
Address: 5639 EAST PARK CIRCLE	Resident Capacity: 0
City, State: FRESNO, CA 93727	Total Occupancy: 0
Phone #: (559)454-1819 Fax #: (559)454-1928	Target Population: 1.10
	Expiration Date 11/30/2007
 Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS	 Record ID: 100009GP
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS	Service Type: NON
Address: 825 WEST ASHLAN AVENUE, SUITE 104	Resident Capacity: 0
City, State: CLOVIS, CA 93612	Total Occupancy: 0
Phone #: (559)454-1819 Fax #: (559)454-1928	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: ELEVENTH HOUR REHABILITATION PROGRAMS	Record ID: 100009EP
Legal Name: ELEVENTH HOUR REHABILITATION PROGRAMS	Service Type: RES-DETOX
Address: 5639 EAST PARK CIRCLE	Resident Capacity: 6
City, State: FRESNO, CA 93727	Total Occupancy: 8
Phone #: (559)454-1819	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: EMINENCE HEALTHCARE, INC.	Record ID: 100063AN
Legal Name: EMINENCE HEALTHCARE, INC.	Service Type: NON
Address: 114 EAST SHAW AVENUE, SUITE 210	Resident Capacity: 0
City, State: FRESNO, CA 93710	Total Occupancy: 0
Phone #: (559)221-8100 Fax #: (559)221-8101	Target Population: 1.4
	Expiration Date 05/31/2008
Program Name: NUESTRA CASA RECOVERY HOME	Record ID: 100006AN
Legal Name: FRESNO COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 1414 WEST KEARNEY BOULEVARD	Resident Capacity: 16
City, State: FRESNO, CA 93706	Total Occupancy: 18
Phone #: (559)485-0501	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: FRESNO NEW CONNECTIONS, INC.	Record ID: 100039AN
Legal Name: FRESNO NEW CONNECTIONS, INC.	Service Type: NON
Address: 4411 NORTH CEDAR, SUITE 108	Resident Capacity: 0
City, State: FRESNO, CA 93726	Total Occupancy: 0
Phone #: (559)248-1548 Fax #: (559)248-1530	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: GENESIS ALCOHOL AND DRUG ABUSE SERVICES	Record ID: 100043AN
Legal Name: GENESIS FAMILY CENTER	Service Type: NON
Address: 7475 NORTH PALM, SUITE 107	Resident Capacity: 0
City, State: FRESNO, CA 93711	Total Occupancy: 0
Phone #: (559)439-5437 Fax #: (559)490-5440	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: KERMAN RECOVERY CENTER	Record ID: 100032BP
Legal Name: JANET NELSON, D.B.A. KERMAN RECOVERY CENTER	Service Type: NON
Address: 735 SOUTH MADERA AVENUE	Resident Capacity: 0
City, State: KERMAN, CA 93630	Total Occupancy: 0
Phone #: (559)842-6842 Fax #: (559)442-0315	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CHOICES A ROAD TO RECOVERY	Record ID: 100032AP
Legal Name: JANET NELSON, D.B.A., CHOICES A ROAD TO RECOVERY	Service Type: NON
Address: 3323 NORTH HILLIARD STREET	Resident Capacity: 0
City, State: FRESNO, CA 93726	Total Occupancy: 0
Phone #: (559)229-3733	Target Population: 1.1
	Expiration Date 01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Fresno County

Program Name: THE AVANTI PROGRAM	Record ID: 100026AN
Legal Name: KINGS VIEW	Service Type: NON
Address: 1822 JENSEN AVENUE, SUITE 102	Resident Capacity: 0
City, State: SANGER, CA 93657	Total Occupancy: 0
Phone #: (559)875-6300	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: THE AVANTI PROGRAM	Record ID: 100026GN
Legal Name: KINGS VIEW	Service Type: NON
Address: 3800 MCCALL AVENUE	Resident Capacity: 0
City, State: SELMA, CA 93662	Total Occupancy: 0
Phone #: (559)898-5109 Fax #: (559)898-5290	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: LIFE CENTER OF AMERICA	Record ID: 100079AN
Legal Name: LIFE CENTER OF AMERICA	Service Type: NON
Address: 930 NORTH VAN NESS AVENUE	Resident Capacity: 0
City, State: FRESNO, CA 93728	Total Occupancy: 0
Phone #: (559)237-0072	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: FRESNO CENTER FOR CHANGE	Record ID: 100042AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 190 NORTH VAN NESS STREET	Resident Capacity: 0
City, State: FRESNO, CA 93701	Total Occupancy: 0
Phone #: (559)237-8337	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMEI	Record ID: 100052CP
Legal Name: PANACEA, INC.	Service Type: NON
Address: 1617 EAST SAGINAW, # 109	Resident Capacity: 0
City, State: FRESNO, CA 93704	Total Occupancy: 0
Phone #: (559)281-3054	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMEI	Record ID: 100052DP
Legal Name: PANACEA, INC.	Service Type: NON
Address: 4928 EAST CLINTON AVENUE, SUITE 108	Resident Capacity: 0
City, State: FRESNO, CA 93727	Total Occupancy: 0
Phone #: (559)281-3054	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: PRIMER PASO INSTITUTE, INC.	Record ID: 100078AN
Legal Name: PRIMER PASO INSTITUTE, INC.	Service Type: NON
Address: 545 EAST MANNING AVENUE, SUITE 109	Resident Capacity: 0
City, State: PARLIER, CA 93648	Total Occupancy: 0
Phone #: (559)646-1400 Fax #: (559)646-1401	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: PRIMER PASO INSTITUTE, INC. Legal Name: PRIMER PASO INSTITUTE, INC. Address: 36678 SOUTH LASSEN AVENUE, # 2 City, State: HURON, CA 93234 Phone #: (559)945-2241	Record ID: 100078CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: PRIMER PASO INSTITUTE, INC. Legal Name: PRIMER PASO INSTITUTE, INC. Address: 979 "O" STREET City, State: FIREBAUGH, CA 93266 Phone #: (559)651-2172 Fax #: (559)659-3342	Record ID: 100078BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: TOUCHSTONE RECOVERY CENTER Legal Name: RICHARD V. GUZZETTA, M.D. Address: 724 MEDICAL CENTER DRIVE EAST, SUITE 103 City, State: CLOVIS, CA 93611 Phone #: (559)298-6711 Fax #: (559)298-6609	Record ID: 100076AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008
Program Name: HERNDON RECOVERY CENTER Legal Name: SATNAM ATWAL, MD Address: 6700 NORTH FIRST STREET, SUITE 127 City, State: FRESNO, CA 93710 Phone #: (559)435-7337	Record ID: 100074AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/29/2008
Program Name: TURTLE LODGE Legal Name: SIERRA TRIBAL CONSORTIUM, INC. Address: 610 WEST MCKINLEY AVENUE City, State: FRESNO, CA 93728 Phone #: (559)445-2691	Record ID: 100007AN Service Type: RES Resident Capacity: 22 Total Occupancy: 37 Target Population: 1.1 Expiration Date 05/31/2009
Program Name: SPIRIT OF WOMAN OF CALIFORNIA Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC. Address: 327 WEST BELMONT AVENUE City, State: FRESNO, CA 93728 Phone #: (559)244-4353	Record ID: 100036AN Service Type: RES Resident Capacity: 63 Total Occupancy: 215 Target Population: 1.4 Expiration Date 03/31/2008
Program Name: SPIRIT OF WOMAN OF CALIFORNIA, INC. Legal Name: SPIRIT OF WOMAN OF CALIFORNIA, INC. Address: 327 WEST BELMONT AVENUE, SUPPORTIVE SERVICES BUILDIN City, State: FRESNO, CA 93728 Phone #: (559)233-1353 Fax #: (559)233-4344	Record ID: 100036CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 04/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Fresno County

Program Name: KING OF KINGS MEN'S RECOVERY HOME	Record ID: 100024AN
Legal Name: THE KING OF KINGS COMMUNITY CENTER	Service Type: RES
Address: 2267 SOUTH GENEVA AVENUE	Resident Capacity: 10
City, State: FRESNO, CA 93706	Total Occupancy: 10
Phone #: (559)266-6449	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: KING OF KINGS PREGNANT AND POST PARTUM OUTPATIENT PROGI	Record ID: 100024BN
Legal Name: THE KING OF KINGS COMMUNITY CENTER	Service Type: NON
Address: 1350 EAST ANNADALE AVENUE	Resident Capacity: 0
City, State: FRESNO, CA 93706	Total Occupancy: 0
Phone #: (559)486-8200 Fax #: (559)268-9559	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: TOWER RECOVERY CENTER	Record ID: 100033AP
Legal Name: TOWER RECOVERY CENTER, INC.	Service Type: NON
Address: 707 NORTH FULTON, SUITE 101	Resident Capacity: 0
City, State: FRESNO, CA 93728	Total Occupancy: 0
Phone #: (559)486-6080	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: PRIMER PASO/FIRST STEP	Record ID: 100070AN
Legal Name: TULARE COUNTY HISPANIC COMMISSION, INC. - PRIMER PASO INST	Service Type: NON
Address: 3746, 3748 AND 3756 NORTH FIRST STREET	Resident Capacity: 0
City, State: FRESNO, CA 93726	Total Occupancy: 0
Phone #: (559)221-0076 Fax #: (559)221-0098	Target Population: 1.8
	Expiration Date 04/30/2009
Program Name: TURNING POINT SUBSTANCE ABUSE TREATMENT UNIT (SATU)	Record ID: 100028AN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 2904 EAST BELGRAVIA	Resident Capacity: 50
City, State: FRESNO, CA 93721	Total Occupancy: 54
Phone #: (559)264-2932	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: TURNING POINT FRESNO REENTRY CENTER	Record ID: 100028GN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 2369 SOUTH G STREET, ROOMS 14-20 AND 22-24	Resident Capacity: 40
City, State: FRESNO, CA 93721	Total Occupancy: 90
Phone #: (559)233-0515 Fax #: (559)233-1915	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: TURNING POINT SATU AFTERCARE	Record ID: 100028BN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 1638 L STREET	Resident Capacity: 0
City, State: FRESNO, CA 93721	Total Occupancy: 0
Phone #: (559)233-2663 Fax #: () -	Target Population: 1.2
	Expiration Date 03/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: QUEST HOUSE	Record ID: 100028EN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 2731 WEST OLIVE AVENUE	Resident Capacity: 26
City, State: FRESNO, CA 93728	Total Occupancy: 26
Phone #: (559)233-5096 Fax #: (559)233-5099	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: TURNING POINT CCC - FRESNO	Record ID: 100028DN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 3547 SOUTH GOLDEN STATE BOULEVARD	Resident Capacity: 30
City, State: FRESNO, CA 93725	Total Occupancy: 40
Phone #: (559)442-8075	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Record ID: 100066BP
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Service Type: DETOX
Address: 625 AND 627 EAST KEATS AVENUE	Resident Capacity: 12
City, State: FRESNO, CA 93710	Total Occupancy: 12
Phone #: (559)252-5150 Fax #: (559)252-5156	Target Population: 1.3
	Expiration Date 05/31/2009
Program Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Record ID: 100066AP
Legal Name: UNIVERSAL HEALTH NETWORK AND SYSTEMS, INC.	Service Type: NON
Address: 3170 NORTH CHESTNUT, SUITE 105	Resident Capacity: 0
City, State: FRESNO, CA 93703	Total Occupancy: 0
Phone #: (559)252-5150 Fax #: (559)252-5156	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: SIERRA EDUCATION & RESEARCH INSTITUTE	Record ID: 100071AN
Legal Name: UNUM LIFE INSURANCE COMPANY OF AMERICA	Service Type: NON
Address: 5130 EAST CLINTON WAY	Resident Capacity: 0
City, State: FRESNO, CA 93727	Total Occupancy: 0
Phone #: (559)908-4162 Fax #: (559)253-2267	Target Population: 1.8
	Expiration Date 06/30/2009
Program Name: VALLEY HEALTH TEAM, INC. - ALCOHOL AND/OR OTHER DRUGS PR	Record ID: 100077AN
Legal Name: VALLEY HEALTH TEAM, INC.	Service Type: NON
Address: 21890 COLORADO AVENUE, ADMINISTRATION BUILDING, ROOM	Resident Capacity: 0
City, State: SAN JOAQUIN, CA 93660	Total Occupancy: 0
Phone #: (559)693-2462 Fax #: (559)693-4382	Target Population: 1.4
	Expiration Date 08/31/2008
Program Name: WESTCARE CALIFORNIA	Record ID: 100010FN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: RES-DETOX
Address: 2772 SOUTH MARTIN LUTHER KING BOULEVARD	Resident Capacity: 299
City, State: FRESNO, CA 93706	Total Occupancy: 349
Phone #: (559)265-4800 Fax #: (559)265-4808	Target Population: 1.9
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Fresno County

Program Name: WESTCARE CALIFORNIA, INC.

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 611 EAST BELMONT

City, State: FRESNO, CA 93701

Phone #: (559)237-3420 Fax #: (559)237-4780

Record ID: 100010IN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 11/30/2008

Program Name: WESTCARE CALIFORNIA - ADOLESCENT SERVICES

Legal Name: WESTCARE CALIFORNIA, INC.

Address: 11 SOUTH TEILMAN AVENUE, ROOMS 5, 6, 7, AND 8

City, State: FRESNO, CA 93706

Phone #: (559)455-5988 Fax #: (559)453-6969

Record ID: 100010GN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.5

Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Glenn County

Program Name: GLENN COUNTY SUBSTANCE ABUSE PROGRAM
Legal Name: GLENN COUNTY HEALTH SERVICES
Address: 1187 EAST SOUTH STREET
City, State: ORLAND, CA 95963
Phone #: (530)865-1146 Fax #: (530)865-1150

Record ID: 110001AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Legal Name: NORTHERN VALLEY INDIAN HEALTH, INC.
Address: 207 NORTH BUTTE STREET
City, State: WILLOWS, CA 95988
Phone #: (530)934-9293 Fax #: (530)934-2204

Record ID: 110002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Humboldt County

Program Name: ALCOHOL/DRUG CARE SERVICE'S, INC.	Record ID: 120009BN
Legal Name: ALCOHOL/DRUG CARE SERVICE'S, INC.	Service Type: NON
Address: 528 5TH STREET	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)445-1391 Fax #: (707)445-2599	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: J STREET PROGRAM	Record ID: 120009CN
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.	Service Type: RES
Address: 1742 J STREET	Resident Capacity: 6
City, State: EUREKA, CA 95501	Total Occupancy: 8
Phone #: (707)442-6202 Fax #: (000)000-0000	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: ALCOHOL/DRUG CARE SERVICE/LEE BROWN TRMT CENTER/BONNII	Record ID: 120009AN
Legal Name: ALCOHOL/DRUG CARE SERVICES, INC.	Service Type: RES-DETOX
Address: 1321, 1335 C STREET AND 217 14TH STREET	Resident Capacity: 21
City, State: EUREKA, CA 95501	Total Occupancy: 25
Phone #: (707)445-1391	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: ALCOHOL AND OTHER DRUGS PROGRAM	Record ID: 120017AN
Legal Name: BEAR RIVER BAND OF ROHNERVILLE RANCHERIA	Service Type: NON
Address: 27 BEAR RIVER DRIVE, AOD OFFICE AND LIBRARY	Resident Capacity: 0
City, State: LOLETA, CA 95551	Total Occupancy: 0
Phone #: (707)733-1900 Fax #: (707)733-1972	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: FORTUNA COMMUNITY SERVICES; AVATAR PROGRAM	Record ID: 120012AN
Legal Name: FORTUNA COMMUNITY SERVICES	Service Type: NON
Address: 2331 ROHNERVILLE ROAD	Resident Capacity: 0
City, State: FORTUNA, CA 95540	Total Occupancy: 0
Phone #: (707)725-1166 Fax #: (707)725-1613	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: HEALTHY MOMS PROGRAM	Record ID: 120011AN
Legal Name: HUMBOLDT COUNTY ALCOHOL & OTHER DRUG PROGRAMS	Service Type: NON
Address: 2910 H STREET	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)441-5220	Target Population: 1.4
	Expiration Date 09/30/2009
Program Name: OUTPATIENT TREATMENT SERVICES	Record ID: 120010AN
Legal Name: HUMBOLDT COUNTY ALCOHOL AND OTHER DRUG PROGRAMS	Service Type: NON
Address: 720 WOOD STREET, ROOMS 111, 112, 113, 114, 119, 120, 309, AND 3	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)445-6250 Fax #: (707)476-4070	Target Population: 1.1
	Expiration Date 12/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Humboldt County

Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001BN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 905 L STREET, AND 1116 AND 1120 9TH STREET	Resident Capacity: 23
City, State: EUREKA, CA 95502	Total Occupancy: 23
Phone #: (707)443-0514 Fax #: (707)443-0514	Target Population: 1.2
	Expiration Date 01/31/2009
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001AN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 1303 11TH STREET AND 1024 N STREET	Resident Capacity: 23
City, State: EUREKA, CA 95501	Total Occupancy: 23
Phone #: (707)443-4237	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: HUMBOLDT RECOVERY CENTER	Record ID: 120001DN
Legal Name: HUMBOLDT RECOVERY CENTER, INCORPORATED	Service Type: RES
Address: 944 N STREET AND 1219 10TH STREET	Resident Capacity: 18
City, State: EUREKA, CA 95501	Total Occupancy: 18
Phone #: (707)443-0514 Fax #: (707)443-0514	Target Population: 1.3
	Expiration Date 02/28/2009
Program Name: CROSSROADS	Record ID: 120005AN
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL	Service Type: RES
Address: 1205 MYRTLE AVENUE	Resident Capacity: 20
City, State: EUREKA, CA 95501	Total Occupancy: 20
Phone #: (707)445-0869 Fax #: (707)445-0826	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: NORTH COAST SUBSTANCE ABUSE COUNCIL	Record ID: 120005BN
Legal Name: NORTH COAST SUBSTANCE ABUSE COUNCIL	Service Type: NON
Address: 1205 MYRTLE AVENUE	Resident Capacity: 0
City, State: EUREKA, CA 95501	Total Occupancy: 0
Phone #: (707)445-0180 Fax #: (707)445-0186	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: SINGING TREES RECOVERY CENTER	Record ID: 120008AP
Legal Name: SINGING TREES RECOVERY CENTER	Service Type: RES-DETOX
Address: 2061 HIGHWAY 101	Resident Capacity: 20
City, State: GARBERVILLE, CA 95542	Total Occupancy: 23
Phone #: (707)247-3495 Fax #: (707)247-3334	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: THE GOOD GROUND	Record ID: 120018AN
Legal Name: THE GOOD GROUND	Service Type: RES
Address: 3494 HIGHWAY 36	Resident Capacity: 6
City, State: HYDESVILLE, CA 95547	Total Occupancy: 11
Phone #: (707)768-3732 Fax #: (707)768-3126	Target Population: 1.4
	Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Humboldt County

As of: 11/06/2007

Program Name:	UNITED INDIAN HEALTH SERVICES, INC.-CHILD & FAMILY SERVICE	Record ID:	120015AN
Legal Name:	UNITED INDIAN HEALTH SERVICES, INC.	Service Type:	NON
Address:	1600 WEEOT WAY, CHILD & FAMILY SERVICES DEPT. ROOMS	Resident Capacity:	0
City, State:	ARCATA, CA 95521	Total Occupancy:	0
Phone #:	(707)825-5060	Target Population:	1.1
Fax #:	(707)825-6753	Expiration Date	10/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Imperial County

Program Name:	FORT YUMA ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM	Record ID:	130003AN
Legal Name:	FORT YUMA ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM	Service Type:	NON
Address:	1888 SAN PASQUAL SCHOOL ROAD	Resident Capacity:	0
City, State:	WINTERHAVEN, CA 92283	Total Occupancy:	0
Phone #:	(760)572-0232	Target Population:	1.1
Fax #:	(760)572-0235	Expiration Date	10/31/2007
Program Name:	VOLUNTEERS OF AMERICA--KELLEY ADOLESCENT TREATMENT CE	Record ID:	130001CN
Legal Name:	VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA CORPORATIC	Service Type:	RES
Address:	312 NORTH LOOP ROAD	Resident Capacity:	0
City, State:	EL CENTRO, CA 92243	Total Occupancy:	0
Phone #:	(760)370-0555	Target Population:	1.2
Fax #:	(760)370-0505		
Program Name:	VOLUNTEERS OF AMERICA, IMPERIAL ALCOHOL & DRUG SERVICES	Record ID:	130001AN
Legal Name:	VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type:	RES-DETOX
Address:	1331 CLARK ROAD, SUITE B	Resident Capacity:	31
City, State:	EL CENTRO, CA 92243	Total Occupancy:	31
Phone #:	(760)353-8482	Target Population:	1.9
		Expiration Date	04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Inyo County

Program Name: INYO COUNTY

Legal Name: INYO COUNTY HEALTH AND HUMAN SERVICES

Address: 162 GROVE STREET

City, State: BISHOP, CA 93514

Phone #: (760)873-6533 Fax #: (760)873-3277

Record ID: 140002AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 06/30/2008

Program Name: ALPINE RECOVERY CENTER

Legal Name: ROBERT B. DIBBLE

Address: 375 EAST LINE STREET

City, State: BISHOP, CA 93514

Phone #: (760)873-4357

Record ID: 140001AP

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 12/31/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Kern County

Program Name: A ROSE OF SHARON RETREAT AND RECOVERY CENTER	Record ID: 150042AN
Legal Name: A ROSE OF SHARON RETREATS, INC.	Service Type: RES
Address: 508 LELAND AVENUE	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 6
Phone #: (661)836-3006	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: AEGIS INSTITUTE, INC., ODF TREATMENT PROGRAMS	Record ID: 150017CN
Legal Name: AEGIS INSTITUTE, INC.	Service Type: NON
Address: 501 WEST COLUMBUS STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)328-0245 Fax #: (661)327-7635	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: SEQUOIA LANDMARK HOME	Record ID: 150044AN
Legal Name: CALIFORNIA COMMUNITY SERVICES, INC.	Service Type: RES
Address: 1825 BRUNDAGE LANE	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 6
Phone #: (661)328-1686	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: AMERICAN INDIAN HEALTH PROJECT BAKERSFIELD	Record ID: 150038AN
Legal Name: CHUMASH COUNCIL OF BAKERSFIELD	Service Type: NON
Address: 1617 30TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)327-4030 Fax #: (661)327-0145	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: JASON'S RETREAT	Record ID: 150004AN
Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY	Service Type: RES-DETOX
Address: 600 BERNARD STREET, 2041 & 2112 NORTH KERN STREET, & 526	Resident Capacity: 40
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 40
Phone #: (661)325-8510	Target Population: 1.2
	Expiration Date 02/28/2009
Program Name: JASON'S RETREAT	Record ID: 150004CN
Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY	Service Type: NON
Address: 504 BERNARD STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93385	Total Occupancy: 0
Phone #: (661)325-8510	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: JASON'S RETREAT CAPISTRANO COMMUNITY FOR WOMEN	Record ID: 150004DN
Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY, I	Service Type: RES-DETOX
Address: 3316 LAVERNE AVENUE, SUITES A,B,C,D,E,F,G,H,I,J,K	Resident Capacity: 60
City, State: BAKERSFIELD, CA 93309	Total Occupancy: 70
Phone #: (661)832-8504 Fax #: (661)827-9432	Target Population: 1.4
	Expiration Date 09/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Kern County

Program Name: CAPISTRANO LINCOLN STREET RETREAT	Record ID: 150004GN
Legal Name: CITIZENS FOR THE BETTERMENT OF COMMUNITY AND COUNTRY, I	Service Type: RES
Address: 708 LINCOLN STREET	Resident Capacity: 16
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 32
Phone #: (661)869-1795 Fax #: (661)869-1794	Target Population: 1.4
	Expiration Date 09/30/2009
Program Name: COLLEGE COMMUNITY SERVICES	Record ID: 150031AN
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 1400 NORTH NORMA, SUITE 133	Resident Capacity: 0
City, State: RIDGECREST, CA 93555	Total Occupancy: 0
Phone #: (760)449-7406 Fax #: (760)499-7479	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: COLLEGE COMMUNITY SERVICES	Record ID: 150031BN
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 8101 BAY AVENUE	Resident Capacity: 0
City, State: CALIFORNIA CITY, CA 93505	Total Occupancy: 0
Phone #: (760)373-2979 Fax #: (760)373-2980	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: COLLEGE COMMUNITY SERVICES	Record ID: 150031EN
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 2689 SIERRA HIGHWAY	Resident Capacity: 0
City, State: ROSAMOND, CA 93560	Total Occupancy: 0
Phone #: (661)256-7208 Fax #: (661)256-7209	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: COLLEGE COMMUNITY SERVICES	Record ID: 150031DN
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 2731 NUGGET AVENUE	Resident Capacity: 0
City, State: LAKE ISABELLA, CA 93240	Total Occupancy: 0
Phone #: (760)379-3412 Fax #: (760)379-5332	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: COLLEGE COMMUNITY SERVICES	Record ID: 150031CN
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 113 EAST F STREET	Resident Capacity: 0
City, State: TEHACHAPI, CA 93561	Total Occupancy: 0
Phone #: (661)822-8223 Fax #: (661)823-9347	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: BROTHERHOOD CENTER	Record ID: 150011BN
Legal Name: COMMUNITY SERVICE ORGANIZATION BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 816 BAKER STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)327-9376	Target Population: 1.1
	Expiration Date 07/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Kern County

Program Name: DE COLORES CENTER	Record ID: 150011CN
Legal Name: COMMUNITY SERVICE ORGANIZATION BEHAVIORAL HEALTH PRO	Service Type: NON
Address: 8000 SEGRUE	Resident Capacity: 0
City, State: LAMONT, CA 96241	Total Occupancy: 0
Phone #: (661)845-3753	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: KERN COUNTY MENTAL HEALTH DEPARTMENT	Record ID: 150036DN
Legal Name: COUNTY OF KERN	Service Type: NON
Address: 315 EAST 18TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)868-6704 Fax #: (661)868-6811	Target Population: 1.5
	Expiration Date 05/31/2008
Program Name: KERN COUNTY MENTAL HEALTH TAFT CLINIC	Record ID: 150036CN
Legal Name: COUNTY OF KERN, DEPARTMENT OF MENTAL HEALTH	Service Type: NON
Address: 1021 4TH STREET, SUITE B	Resident Capacity: 0
City, State: TAFT, CA 93268	Total Occupancy: 0
Phone #: (661)763-8660 Fax #: (661)765-6981	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: THE BLESSING CORNER RETREAT	Record ID: 150058AN
Legal Name: GREATER LIGHTHOUSE COMMUNITY OUTREACH, INC.	Service Type: RES
Address: 906 UNION AVENUE, ROOMS 22, 23 AND 26 - 38	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 0
Phone #: (661)747-4661	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: HEARTHSTONE "WHERE LIFE CONTINUES"	Record ID: 150051AP
Legal Name: HEARTHSTONE ADULT SERVICES, INC.	Service Type: RES
Address: 1932 JESSIE STREET, BUILDINGS A, C AND D	Resident Capacity: 96
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 96
Phone #: (661)323-8188 Fax #: (661)323-8187	Target Population: 1.3
	Expiration Date 07/31/2008
Program Name: HEARTHSTONE "WHERE LIFE CONTINUES"	Record ID: 150051BP
Legal Name: HEARTHSTONE ADULT SERVICES, INC.	Service Type: NON
Address: 1932 JESSIE STREET, A BUILDING	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93305	Total Occupancy: 0
Phone #: (661)323-8188 Fax #: (661)323-8187	Target Population: 1.3
	Expiration Date 07/31/2009
Program Name: ALTERNATIVE SOLUTIONS EDUCATIONAL CLINICIANS	Record ID: 150034AP
Legal Name: JOSEPH C. JONES, JR.	Service Type: NON
Address: 1415 18TH STREET, SUITE # 522	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)325-2732 Fax #: (661)325-2101	Target Population: 1.1
	Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Kern County

Program Name: SERENITY HOUSE	Record ID: 150003EN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 2008 D STREET	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 6
Phone #: (661)634-9737 Fax #: (661)397-5143	Target Population: 1.3
	Expiration Date 03/31/2008
Program Name: CASA DE ALMA	Record ID: 150003GN
Legal Name: KERN COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 2024 20TH STREET	Resident Capacity: 4
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 4
Phone #: (661)634-9737	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: KERN COUNTY MENTAL HEALTH DEPARTMENT - WEST KERN CLINIC	Record ID: 150036BN
Legal Name: KERN COUNTY MENTAL HEALTH DEPARTMENT	Service Type: NON
Address: 930 F STREET	Resident Capacity: 0
City, State: WASCO, CA 93280	Total Occupancy: 0
Phone #: (661)758-7300 Fax #: (661)758-7302	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: LEGACY BEHAVIORAL SERVICES, INC.	Record ID: 150039CN
Legal Name: LEGACY BEHAVIORAL SERVICES, INC.	Service Type: NON
Address: 15664 K STREET, SUITES 1 & 7	Resident Capacity: 0
City, State: MOJAVE, CA 93501	Total Occupancy: 0
Phone #: (661)221-0472	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: LEGACY BEHAVIORAL SERVICES, INC.	Record ID: 150039AN
Legal Name: LEGACY BEHAVIORAL SERVICES, INC.	Service Type: NON
Address: 2700 F STREET, SUITE 132	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)861-1133 Fax #: (661)861-1144	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: LEGACY BEHAVIORAL SERVICES, INC.	Record ID: 150039FN
Legal Name: LEGACY BEHAVIORAL SERVICES, INC.	Service Type: RES
Address: 2106 E STREET	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 6
Phone #: (661)324-1177 Fax #: (661)861-1166	Target Population: 1.2
	Expiration Date 09/30/2007
Program Name: LEGACY BEHAVIORAL SERVICES, INC.	Record ID: 150039EN
Legal Name: LEGACY BEHAVIORAL SERVICES, INC.	Service Type: RES
Address: 2105 F STREET	Resident Capacity: 23
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 24
Phone #: (661)861-1133 Fax #: (661)861-1144	Target Population: 1.2
	Expiration Date 10/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Kern County

Program Name: LEGACY BEHAVIORAL SERVICES, INC. Legal Name: LEGACY BEHAVIORAL SERVICES, INC. Address: 2105 F STREET City, State: BAKERSFIELD, CA 93301 Phone #: (661)861-1133 Fax #: (661)861-1144	Record ID: 150039BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2007
Program Name: LEGACY BEHAVIORAL SERVICES, INC. Legal Name: LEGACY BEHAVIORAL SERVICES, INC. Address: 544 WEST DRUMMOND AVENUE, SUITE B City, State: RIDGECREST, CA 93555 Phone #: (661)499-1909 Fax #: () -	Record ID: 150039DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2007
Program Name: THE WILLOWS RECOVERY CENTER Legal Name: MARY LYNN DONOHUE Address: 407 HELEN WAY, 9301 OPAL STREET, AND 512 STABLE City, State: BAKERSFIELD, CA 93307 Phone #: (661)832-3098 Fax #: (661)835-9648	Record ID: 150020AP Service Type: RES Resident Capacity: 35 Total Occupancy: 35 Target Population: 1.2 Expiration Date 06/30/2009
Program Name: THE NAPD GENESIS PROGRAM (NEW ADVANCES FOR PEOPLE WITH Legal Name: NEW ADVANCES FOR PEOPLE WITH DISABILITIES Address: 1909 16TH STREET City, State: BAKERSFIELD, CA 93301 Phone #: (661)325-3003 Fax #: (661)325-2344	Record ID: 150025AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: HEALTHY HORIZONS III Legal Name: OSCAR HARDI DEAN FAMILY LIFE CENTER Address: 328 CLIFTON City, State: BAKERSFIELD, CA 93307 Phone #: (661)565-0738 Fax #: (661)885-8383	Record ID: 150053GN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 08/31/2009
Program Name: HEALTHY HORIZONS IV Legal Name: OSCAR HARDI DEAN FAMILY LIFE CENTER Address: 426 SOUTH HALEY City, State: BAKERSFIELD, CA 93307 Phone #: (661)565-0738 Fax #: (661)885-8383	Record ID: 150053EN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 08/31/2009
Program Name: PHASE I PHASE II RESIDENTIAL TREATMENT SERVICES Legal Name: PHASE I PHASE II SOBER LIVING, INC. Address: 1904 CLARENDON STREET City, State: BAKERSFIELD, CA 93307 Phone #: (661)633-9702 Fax #: (661)336-0980	Record ID: 150052BN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 10/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Kern County

Program Name: WOMEN OF WORTH RECOVERY HOUSE	Record ID: 150055AP
Legal Name: RODNEY L. BOHANNON, JR.	Service Type: RES
Address: 2500 OLMO COURT	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93309	Total Occupancy: 7
Phone #: (661)832-8075 Fax #: (661)832-0375	Target Population: 1.3
	Expiration Date 11/30/2008
Program Name: PROFESSIONAL GROUP	Record ID: 150054AP
Legal Name: S & T PROFESSIONAL GROUP, INC.	Service Type: NON
Address: 1412 17TH STREET, SUITE 220	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93301	Total Occupancy: 0
Phone #: (661)324-1982 Fax #: (661)324-1220	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SAMARIA I	Record ID: 150057AN
Legal Name: SAMARIA	Service Type: RES
Address: 2510 WILSON ROAD	Resident Capacity: 16
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 16
Phone #: (661)834-4534	Target Population: 1.3
	Expiration Date 08/31/2009
Program Name: KERN FAMILY LIVING CENTER	Record ID: 150040AN
Legal Name: SEVEN FOLD, INC.	Service Type: NON
Address: 610 4TH STREET	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 0
Phone #: (661)396-9797 Fax #: (661)396-9998	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: THE WILLOWS RECOVERY CENTER	Record ID: 150020BP
Legal Name: THE WILLOWS RECOVERY CENTER	Service Type: NON
Address: 407 HELEN WAY	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 0
Phone #: (661)832-3098 Fax #: (661)835-9648	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: TURNING POINT BAKERSFIELD RE-ENTRY	Record ID: 150013FN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 1101 UNION AVENUE	Resident Capacity: 40
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 110
Phone #: (661)205-7947 Fax #: (661)325-0528	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: TURNING POINT AFTERCARE	Record ID: 150013EN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 1101 UNION AVENUE	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93385	Total Occupancy: 0
Phone #: (661)325-5774 Fax #: (661)325-0528	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Kern County

Program Name: KEN KENNEMER SUBSTANCE ABUSE TREATMENT CENTER	Record ID: 150013BN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES-DETOX
Address: 1100 UNION AVENUE	Resident Capacity: 130
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 130
Phone #: (661)861-6111 Fax #: (661)861-6161	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: KENNEMER OUTPATIENT PROGRAM	Record ID: 150013CN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: NON
Address: 1120 UNION AVENUE	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 0
Phone #: (661)861-6141 Fax #: (661)325-0528	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: TURNING POINT MOTHER/INFANT PROGRAM	Record ID: 150013DN
Legal Name: TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type: RES
Address: 4941 DAVID ROAD	Resident Capacity: 23
City, State: BAKERSFIELD, CA 93307	Total Occupancy: 58
Phone #: (661)858-2975 Fax #: (661)325-2619	Target Population: 1.4
	Expiration Date 03/31/2009
Program Name: HADASSAH HOUSE TREATMENT FACILITY	Record ID: 150050AN
Legal Name: UNITED IN CHRIST MINISTRIES	Service Type: RES
Address: 6113 TOBIAS WAY	Resident Capacity: 6
City, State: BAKERSFIELD, CA 93313	Total Occupancy: 6
Phone #: (661)319-7977 Fax #: (661)835-7676	Target Population: 1.4
	Expiration Date 03/31/2009
Program Name: WESTCARE	Record ID: 150029BN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: NON
Address: 4520 CALIFORNIA AVENUE, SUITE 100	Resident Capacity: 0
City, State: BAKERSFIELD, CA 93309	Total Occupancy: 0
Phone #: (661)321-3124 Fax #: (661)321-3125	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: WESTCARE CALIFORNIA	Record ID: 150029AN
Legal Name: WESTCARE CALIFORNIA, INC.	Service Type: RES
Address: 2901-2913 SOUTH H STREET	Resident Capacity: 57
City, State: BAKERSFIELD, CA 93304	Total Occupancy: 62
Phone #: (661)398-4303 Fax #: (661)398-4306	Target Population: 1.2
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Kings County

Program Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Record ID: 160005AN
Legal Name: CHAMPIONS RECOVERY ALTERNATIVE PROGRAMS, INC.	Service Type: NON
Address: 700 NORTH IRWIN STREET	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)583-9300 Fax #: (559)583-9307	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: CORNERSTONE WOMEN'S AND PERINATAL PROGRAM	Record ID: 160002AN
Legal Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER	Service Type: RES
Address: 817A, 817B, AND 817C WEST SEVENTH STREET	Resident Capacity: 22
City, State: HANFORD, CA 93230	Total Occupancy: 29
Phone #: (559)583-2030	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: CORNERSTONE RECOVERY CENTER	Record ID: 160002BN
Legal Name: CORNERSTONE COMMUNITY ALCOHOL AND OTHER DRUG RECOVER	Service Type: RES-DETOX
Address: 801, 805A, 805B, 807A, AND 807B WEST SEVENTH STREET	Resident Capacity: 29
City, State: HANFORD, CA 93230	Total Occupancy: 29
Phone #: (559)583-2033	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: ALCOHOL AND DRUG EDUCATION COUNSELING CENTER	Record ID: 160004AN
Legal Name: KINGS VIEW	Service Type: NON
Address: 1393 BAILEY DRIVE	Resident Capacity: 0
City, State: HANFORD, CA 93230	Total Occupancy: 0
Phone #: (559)582-9307 Fax #: (559)582-9042	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Lake County

Program Name: PSG - DR. GARDNER OUTPATIENT PROGRAM	Record ID: 170007AP
Legal Name: GARDNER, ROBERT W. M.D.	Service Type: NON
Address: 6300 EAST HIGHWAY 20	Resident Capacity: 0
City, State: LUCERNE, CA 95458	Total Occupancy: 0
Phone #: (707)274-9299 Fax #: (707)274-9297	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: HILLTOP RECOVERY SERVICES	Record ID: 170011AN
Legal Name: HILLTOP RECOVERY SERVICES	Service Type: RES
Address: 10155 SOCRATES MINE ROAD	Resident Capacity: 0
City, State: MIDDLETOWN, CA 95461	Total Occupancy: 0
Phone #: (707)987-9972 Fax #: (707)987-2591	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: CLEARLAKE CLINIC	Record ID: 170002BN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 7000-B SOUTH CENTER DRIVE	Resident Capacity: 0
City, State: CLEARLAKE, CA 95422	Total Occupancy: 0
Phone #: (707)263-8162 Fax #: (707)263-9336	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: LAKE COUNTY DIVISION OF ALCOHOL AND OTHER DRUG SERVICE	Record ID: 170002CN
Legal Name: LAKE COUNTY ALCOHOL AND OTHER DRUG SERVICES	Service Type: NON
Address: 991 PARALLEL DRIVE, SUITE B	Resident Capacity: 0
City, State: LAKEPORT, CA 95453	Total Occupancy: 0
Phone #: (707)263-4194	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: NEW BEGINNINGS DAY SCHOOL	Record ID: 170010AN
Legal Name: LAKE COUNTY COMMUNITY ACTION AGENCY	Service Type: NON
Address: 6840 SOUTH CENTER DRIVE	Resident Capacity: 0
City, State: CLEARLAKE, CA 95422	Total Occupancy: 0
Phone #: (707)995-1232 Fax #: (707)995-7084	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: NEW BEGINNINGS	Record ID: 170010BN
Legal Name: LAKE COUNTY COMMUNITY ACTION AGENCY	Service Type: NON
Address: 14709 LAKESHORE DRIVE	Resident Capacity: 0
City, State: CLEARLAKE, CA 95422	Total Occupancy: 0
Phone #: (707)995-3235 Fax #: (707)995-7004	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Lassen County

As of: 11/06/2007

Program Name: LASSEN COUNTY ALCOHOL AND DRUG PROGRAM

Record ID: 180001AN

Legal Name: LASSEN COUNTY ALCOHOL AND DRUG PROGRAMS

Service Type: NON

Address: 1400 A, 1400 B, 1410 CHESTNUT ST. AND 1445 PAUL BUNYAN RD

Resident Capacity: 0

City, State: SUSANVILLE, CA 96130

Total Occupancy: 0

Phone #: (530)251-8112

Fax #: (530)251-5884

Target Population: **

Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: A HOME FOR US Legal Name: A HOME FOR US CORPORATION Address: 2918 WEST VERNON AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (323)296-5449	Record ID: 190449AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: A STEP TO FREEDOM Legal Name: A STEP TO FREEDOM Address: 1665 SOUTH KINGSLEY DRIVE City, State: LOS ANGELES, CA 90006 Phone #: (323)733-6405	Record ID: 190355AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2007
Program Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Legal Name: ABSOLUTE CONTROL TRANSITIONAL COUNSELING CENTER Address: 2331 EAST FOOTHILL BOULEVARD City, State: PASADENA, CA 91107 Phone #: (626)792-8797 Fax #: (626)792-8798	Record ID: 190462AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: ABSOLUTE REHABILITATION CENTER, INC. Legal Name: ABSOLUTE REHABILITATION CENTER, INC. Address: 14432 GILMORE STREET, #A City, State: VAN NUYS, CA 91411 Phone #: (818)988-4767 Fax #: (818)461-9274	Record ID: 190528AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2008
Program Name: ACTION FAMILY CENTER Legal Name: ACTION FAMILY COUNSELING, INC. Address: 3959 LAUREL CANYON BOULEVARD, SUITE E City, State: STUDIO CITY, CA 91604 Phone #: (818)763-9557 Fax #: (818)763-9568	Record ID: 190315AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009
Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 23845 MCBEAN PARKWAY City, State: VALENCIA, CA 91355 Phone #: (800)367-8336 Fax #: (661)297-9701	Record ID: 190315CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009
Program Name: ACTION FAMILY COUNSELING Legal Name: ACTION FAMILY COUNSELING, INC. Address: 30035 BOUQUET CANYON City, State: SAUGUS, CA 91350 Phone #: (661)297-2916 Fax #: (661)297-9701	Record ID: 190315DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: ACTION FAMILY COUNSELING, INC. Legal Name: ACTION FAMILY COUNSELING, INC. Address: 3813 EAST COLORADO BOULEVARD City, State: PASADENA, CA 91107 Phone #: (626)792-8106 Fax #: (626)792-8206	Record ID: 190315EP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: ACTION FAMILY COUNSELING, INC. - VALENCIA ADOLESCENT - IO Legal Name: ACTION FAMILY COUNSELING, INC. Address: 23502 LYONS AVENUE, SUITE 301A City, State: NEWHALL, CA 91321 Phone #: (661)297-2916 Fax #: (661)297-9701	Record ID: 190315FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 02/29/2008
Program Name: NOBLE REHABILITATION CENTER Legal Name: AFRIKAN CHRISTIAN CENTER, INC. Address: 250 WEST 85TH STREET City, State: LOS ANGELES, CA 90003 Phone #: (323)759-6963 Fax #: (323)759-6991	Record ID: 190428AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 08/31/2008
Program Name: CHARLOTTE'S HOUSE Legal Name: AKILA CONCEPTS, INC. Address: 542 EAST CARSON STREET City, State: CARSON, CA 90745 Phone #: (310)952-1189	Record ID: 190224AN Service Type: RES Resident Capacity: 9 Total Occupancy: 24 Target Population: 1.4 Expiration Date 02/28/2009
Program Name: ALCOHOLISM CENTER FOR WOMEN Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC. Address: 1147 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)381-8500	Record ID: 190002AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 02/28/2009
Program Name: ALCOHOLISM CENTER FOR WOMEN Legal Name: ALCOHOLISM CENTER FOR WOMEN, INC. Address: 1135 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)381-8500	Record ID: 190002BN Service Type: RES Resident Capacity: 32 Total Occupancy: 32 Target Population: 1.3 Expiration Date 02/28/2009
Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPENE Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA Address: 44815 FIG AVENUE, SUITE 101 City, State: LANCASTER, CA 93534 Phone #: (661)948-5046 Fax #: (661)948-5049	Record ID: 190376AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: ANTELOPE VALLEY COUNCIL ON ALCOHOLISM AND DRUG DEPEND	Record ID: 190376BN
Legal Name: ALCOHOLISM COUNCIL OF ANTELOPE VALLEY/NCA	Service Type: NON
Address: 38345 30TH STREET EAST, SUITE B-2	Resident Capacity: 0
City, State: PALMDALE, CA 93550	Total Occupancy: 0
Phone #: (661)274-1062	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: ALTERNATIVE COUNSELING SERVICES	Record ID: 190526AN
Legal Name: ALTERNATIVE COUNSELING SERVICES	Service Type: NON
Address: 2511 SOUTH BARRINGTON AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90064	Total Occupancy: 0
Phone #: (310)560-1114	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: AMERICA CARE	Record ID: 190535AN
Legal Name: AMERICA CARE DEVELOPMENT ORGANIZATION	Service Type: RES
Address: 4728 WEST EL SEGUNDO BOULEVARD	Resident Capacity: 6
City, State: HAWTHORNE, CA 90250	Total Occupancy: 6
Phone #: (310)970-9560 Fax #: (310)970-9651	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: AMERICAN DRUG RECOVERY PROGRAM, INC.	Record ID: 190530AP
Legal Name: AMERICA DRUG RECOVERY PROGRAM, INC.	Service Type: NON
Address: 17420 SOUTH AVALON BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)768-3984 Fax #: (310)768-3968	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: AMERICA UNITED CARES	Record ID: 190452EN
Legal Name: AMERICA UNITED CARES	Service Type: NON
Address: 12721 SOUTH WILLOWBROOK AVENUE	Resident Capacity: 0
City, State: COMPTON, CA 90222	Total Occupancy: 0
Phone #: (310)200-5569 Fax #: (323)295-4522	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: AMERICA UNITED CARES	Record ID: 190452FN
Legal Name: AMERICA UNITED CARES	Service Type: NON
Address: 1111 EAST ARTESIA BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)200-5569 Fax #: (323)295-4522	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: AMERICA UNITED CARES	Record ID: 190452AN
Legal Name: AMERICA UNITED CARES	Service Type: NON
Address: 357 EAST PALMER STREET	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)200-5569 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: AMERICA UNITED CARES III Legal Name: AMERICA UNITED CARES Address: 157 MYRRH STREET City, State: COMPTON, CA 90221 Phone #: (310)200-5569	Record ID: 190452CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: AMERICAN ASIAN PACIFIC SUBSTANCE ABUSE PROGRAM Legal Name: AMERICAN ASIAN PACIFIC MINISTRIES, INC. Address: 4022 NORTH ROSEMEAD BOULEVARD City, State: ROSEMEAD, CA 91770 Phone #: (626)287-3475	Record ID: 190211BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: AMERICAN DRUG TREATMENT PROGRAM Legal Name: AMERICAN DRUG TREATMENT PROGRAM Address: 6200 SOUTH FIGUEROA STREET, ROOM B City, State: LOS ANGELES, CA 90003 Phone #: (323)753-3939 Fax #: (323)753-9889	Record ID: 190395AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2007
Program Name: AMERICAN HEALTH AND EDUCATION CLINICS Legal Name: AMERICAN HEALTH AND EDUCATION CLINICS Address: 3209 NORTH ALAMEDA STREET, SUITE C City, State: COMPTON, CA 90222 Phone #: (310)537-2273 Fax #: (310)537-2139	Record ID: 190422AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2008
Program Name: AMERICAN INDIAN CHANGING SPIRITS Legal Name: AMERICAN INDIAN CHANGING SPIRITS Address: 2120 WILLIAMS STREET, BUILDING 1 City, State: LONG BEACH, CA 90810 Phone #: (562)388-8118 Fax #: (562)799-1807	Record ID: 190239AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 03/31/2008
Program Name: APEX Legal Name: APEX FOUNDATION Address: 7231 SANTA MONICA BOULEVARD City, State: WEST HOLLYWOOD, CA 90046 Phone #: (323)851-4777 Fax #: (310)657-7656	Record ID: 190393AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009
Program Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC Legal Name: ARMS OF GRACE HUMANITARIAN SERVICES, ADPCC Address: 2931 WEST FLORENCE AVENUE City, State: LOS ANGELES, CA 90043 Phone #: (310)625-5424	Record ID: 190435AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: VAN NUYS ALCOHOL AND DRUG TREATMENT PROGRAM	Record ID: 190327AP
Legal Name: ASHBEL & SHERMAN	Service Type: NON
Address: 14558 SYLVAN STREET	Resident Capacity: 0
City, State: VAN NUYS, CA 91411	Total Occupancy: 0
Phone #: (818)787-4151 Fax #: (818)787-2840	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM	Record ID: 190112CN
Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM	Service Type: NON
Address: 1088 SOUTH LA BREA AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90019	Total Occupancy: 0
Phone #: (323)294-4932	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM	Record ID: 190112AN
Legal Name: ASIAN-AMERICAN DRUG ABUSE PROGRAM, INC.	Service Type: RES
Address: 5318 SOUTH CRENSHAW BOULEVARD	Resident Capacity: 27
City, State: LOS ANGELES, CA 90043	Total Occupancy: 27
Phone #: (323)293-6284	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: ATLANTIC RECOVERY SERVICES - SOUTH	Record ID: 190229EN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: NON
Address: 1711 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: ATLANTIC RECOVERY SERVICES	Record ID: 190229AN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: NON
Address: 944 PACIFIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)436-3533	Target Population: 1.7
	Expiration Date 08/31/2009
Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL I	Record ID: 190229BN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: RES
Address: 1417 EAST 9TH STREET	Resident Capacity: 4
City, State: LONG BEACH, CA 90813	Total Occupancy: 4
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL II	Record ID: 190229CN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: RES
Address: 1415 A EAST 9TH STREET	Resident Capacity: 4
City, State: LONG BEACH, CA 90813	Total Occupancy: 4
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.2
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: ATLANTIC RECOVERY SERVICES RESIDENTIAL III	Record ID: 190229DN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: RES
Address: 1415 B EAST 9TH STREET	Resident Capacity: 4
City, State: LONG BEACH, CA 90813	Total Occupancy: 4
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: ATLANTIC RECOVERY SERVICES - SOUTHGATE	Record ID: 190229GN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: NON
Address: 9722 SAN ANTONIO AVENUE	Resident Capacity: 0
City, State: SOUTH GATE, CA 90280	Total Occupancy: 0
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: ATLANTIC RECOVERY SERVICES - NORTH	Record ID: 190229FN
Legal Name: ATLANTIC RECOVERY SERVICES	Service Type: NON
Address: 1909 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)436-3533 Fax #: (562)436-0982	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: CHARTER OAK RECOVERY CENTER	Record ID: 190551AP
Legal Name: AURORA CHARTER OAK, LLC	Service Type: RES
Address: 1161 EAST COVINA BOULEVARD, BUILDING C	Resident Capacity: 12
City, State: COVINA, CA 91724	Total Occupancy: 12
Phone #: (626)966-1632	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: THE VILLA AT LAS ENCINAS	Record ID: 190429AP
Legal Name: AURORA LAS ENCINAS, LLC	Service Type: RES
Address: 2900 EAST DEL MAR BOULEVARD	Resident Capacity: 38
City, State: PASADENA, CA 91107	Total Occupancy: 38
Phone #: (626)356-2650 Fax #: (626)792-2919	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC. (BBHS)	Record ID: 190555AP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1926 WEST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)607-2010 Fax #: (213)607-1434	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: BE WELL NOW INSTITUTE, INC., RECOVERY, RE-EDUCATION AND RI	Record ID: 190467AN
Legal Name: BE WELL NOW INSTITUTE, INC.	Service Type: NON
Address: 20710 SOUTH LEAPWOOD AVENUE, SUITE C	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)324-0447 Fax #: (310)324-0147	Target Population: 1.8
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: BEAU MONDE PROGRAMS	Record ID: 190566AP
Legal Name: BEAU MONDE INTERNATIONAL, INC.	Service Type: RES-DETOX
Address: 3718 HAYVENHURST AVENUE	Resident Capacity: 4
City, State: ENCINO, CA 91436	Total Occupancy: 6
Phone #: (818)986-9696 Fax #: (818)986-9944	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: AMERICAN RECOVERY CENTER OUTPATIENT PROGRAM	Record ID: 190007ON
Legal Name: BEHAVIORAL HEALTH SERVICES	Service Type: NON
Address: 2180 WEST VALLEY BOULEVARD	Resident Capacity: 0
City, State: POMONA, CA 91766	Total Occupancy: 0
Phone #: (909)865-2336 Fax #: (909)865-1831	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: HOLLYWOOD FAMILY RECOVERY CENTER	Record ID: 190007AN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 6838 EAST SUNSET BOULEVARD	Resident Capacity: 0
City, State: HOLLYWOOD, CA 90028	Total Occupancy: 0
Phone #: (323)461-3161	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: INGLEWOOD COMMUNITY RECOVERY CENTER	Record ID: 190007BN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 404 EDGEWOOD STREET	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (310)673-5750 Fax #: (310)673-1236	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: SOUTH BAY RECOVERY CENTER	Record ID: 190007HN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 15519 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: GARDENA, CA 90249	Total Occupancy: 0
Phone #: (310)679-9031	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: BOYLE HEIGHTS FAMILY RECOVERY CENTER	Record ID: 190007JN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 3421 OLYMPIC BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90023	Total Occupancy: 0
Phone #: (323)262-1786	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: REDGATE MEMORIAL RECOVERY CENTER	Record ID: 190007LN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: DHS
Address: 1775 CHESTNUT AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)599-8444	Target Population: 1.1

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: BEHAVIORAL HEALTH SERVICES, INC.	Record ID: 190007NN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 4065 EAST WHITTIER BOULEVARD, SUITES 202 AND 203	Resident Capacity: 0
City, State: LOS ANGELES, CA 90023	Total Occupancy: 0
Phone #: (323)269-4890 Fax #: (323)269-1852	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: AMERICAN RECOVERY CENTER	Record ID: 190007MN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 2180 WEST VALLEY BOULEVARD, FLOORS 100, 300 AND 400	Resident Capacity: 93
City, State: POMONA, CA 91768	Total Occupancy: 123
Phone #: (909)865-2336	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: LINCOLN HEIGHTS FAMILY RECOVERY CENTER	Record ID: 190007KN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 4099 NORTH MISSION ROAD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90032	Total Occupancy: 0
Phone #: (323)221-1746	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: AMERICAN RECOVERY CENTER-DETOX	Record ID: 190007IN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: DHS
Address: 2180 WEST VALLEY BOULEVARD, FLOOR 200	Resident Capacity: 0
City, State: POMONA, CA 91768	Total Occupancy: 0
Phone #: (909)865-2336	Target Population: 1.4
Program Name: PACIFICA HOUSE	Record ID: 190007GN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 2501 WEST EL SEGUNDO BOULEVARD	Resident Capacity: 68
City, State: HAWTHORNE, CA 90250	Total Occupancy: 68
Phone #: (323)754-2816	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: PATTERNS	Record ID: 190007FN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: RES
Address: 12917 CERISE AVENUE	Resident Capacity: 23
City, State: HAWTHORNE, CA 90250	Total Occupancy: 35
Phone #: (310)675-4431	Target Population: 1.4
	Expiration Date 09/30/2009
Program Name: WILMINGTON COMMUNITY RECOVERY CENTER	Record ID: 190007CN
Legal Name: BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1318A NORTH AVALON BOULEVARD	Resident Capacity: 0
City, State: WILMINGTON, CA 90744	Total Occupancy: 0
Phone #: (310)549-2710	Target Population: 1.1
	Expiration Date 09/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: BEIT T'SHUVAH	Record ID: 190326AN
Legal Name: BEIT T'SHUVAH	Service Type: RES
Address: 8831 VENICE BOULEVARD	Resident Capacity: 98
City, State: LOS ANGELES, CA 90034	Total Occupancy: 98
Phone #: (310)204-5200 Fax #: (310)204-8908	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: BERNIE'S LIL WOMEN CENTER	Record ID: 190472AN
Legal Name: BERNIE'S LIL WOMEN CENTER	Service Type: RES
Address: 8042 YOLANDA STREET	Resident Capacity: 5
City, State: RESEDA, CA 91335	Total Occupancy: 5
Phone #: (310)512-6177	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: BERNIE'S LIL WOMEN CENTER	Record ID: 190472BN
Legal Name: BERNIE'S LIL WOMEN CENTER, INC.	Service Type: NON
Address: 11905 SOUTH CENTRAL AVENUE, SUITE 205	Resident Capacity: 0
City, State: LOS ANGELES, CA 90059	Total Occupancy: 0
Phone #: (213)280-1012 Fax #: (323)563-7087	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: BHC ALHAMBRA HOSPITAL	Record ID: 190287AP
Legal Name: BHC ALHAMBRA HOSPITAL, INC.	Service Type: NON
Address: 4619 NORTH ROSEMEAD BOULEVARD	Resident Capacity: 0
City, State: ROSEMEAD, CA 91770	Total Occupancy: 0
Phone #: (626)286-1191 Fax #: (626)286-2489	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: INSTITUTE FOR WOMEN'S HEALTH	Record ID: 190285AN
Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC.	Service Type: NON
Address: 5257 EAST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)726-9790 Fax #: (323)728-3483	Target Population: 1.3
	Expiration Date 05/31/2009
Program Name: INSTITUTE FOR WOMEN'S HEALTH	Record ID: 190285BN
Legal Name: BIENVENIDOS CHILDREN'S CENTER, INC.	Service Type: NON
Address: 5240 EAST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)726-9777 Fax #: (323)201-3514	Target Population: 1.5
	Expiration Date 04/30/2009
Program Name: BF FOUNDATION	Record ID: 190249AN
Legal Name: BLACK FOUNDATION	Service Type: RES
Address: 4567 - 4571 WEST WASHINGTON BOULEVARD	Resident Capacity: 14
City, State: LOS ANGELES, CA 90016	Total Occupancy: 15
Phone #: (323)931-3211 Fax #: (310)330-3904	Target Population: 1.2
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROGI	Record ID: 190402AP
Legal Name: BLESSED DRUG AND ALCOHOL TREATMENT AND RESEARCH PROG	Service Type: NON
Address: 8407 SOUTH VERMONT	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)971-1365	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: BRIDGE BACK LIMITED	Record ID: 190231AP
Legal Name: BRIDGE BACK LIMITED, INC.	Service Type: RES
Address: 1718, 1724, AND 1730 WEST VERNON AVENUE	Resident Capacity: 108
City, State: LOS ANGELES, CA 90062	Total Occupancy: 108
Phone #: (323)299-8400 Fax #: (323)299-7646	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: INSPIRATION NONRESIDENTIAL PROGRAM	Record ID: 190453AP
Legal Name: C-CONRAD GROUP LIMITED	Service Type: NON
Address: 3741 WEST STOCKER STREET, SUITES 210 & 211	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (310)645-5227	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: CALIFORNIA CARE CORPORATION	Record ID: 190558AP
Legal Name: CALIFORNIA CARE CORPORATION	Service Type: NON
Address: 610 NORTH CENTRAL AVENUE, #106	Resident Capacity: 0
City, State: GLENDALE, CA 91203	Total Occupancy: 0
Phone #: (818)551-0027 Fax #: (818)551-0026	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 190267EN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 13666 HAWTHORNE BOULEVARD, SUITE 2	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (714)633-0502	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 190267DN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 7336 SOUTH PAINTER AVENUE	Resident Capacity: 0
City, State: WHITTIER, CA 90602	Total Occupancy: 0
Phone #: (714)633-0502 Fax #: (714)633-9249	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 190267CN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 819 WEST WHITTIER BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: MONTEBELLO, CA 90640	Total Occupancy: 0
Phone #: (714)633-0502 Fax #: (714)633-9249	Target Population: 1.1
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 190267AN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 12440 FIRESTONE BOULEVARD, SUITE 101	Resident Capacity: 0
City, State: NORWALK, CA 90650	Total Occupancy: 0
Phone #: (714)633-0502	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: WALNUT STREET EDUCATION AND COUNSELING CENTER	Record ID: 190199AN
Legal Name: CALIFORNIA DRUG CONSULTANTS, INC.	Service Type: NON
Address: 659 EAST WALNUT STREET	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)844-0410 Fax #: (909)485-2642	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Record ID: 190396AP
Legal Name: CALIFORNIA DRUG TREATMENT PROGRAM, INC.	Service Type: NON
Address: 9001 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (310)617-5912 Fax #: (213)251-9515	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: CALIFORNIA GRADUATE INSTITUTE COUNSELING CENTER SUBSTA	Record ID: 190284AN
Legal Name: CALIFORNIA GRADUATE INSTITUTE	Service Type: NON
Address: 1145 GAYLEY AVENUE, 3RD FLOOR, SUITE 322, RMS 1,6,14,& 28	Resident Capacity: 0
City, State: LOS ANGELES, CA 90024	Total Occupancy: 0
Phone #: (310)208-4240 Fax #: (310)208-0684	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: MUJERES RECOVERY HOME	Record ID: 190065AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 530 NORTH AVENUE 54	Resident Capacity: 6
City, State: LOS ANGELES, CA 90042	Total Occupancy: 6
Phone #: (323)254-2423	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: EASTLAKE YOUTH SERVICE PROGRAM	Record ID: 190065JN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 3125 NORTH BROADWAY	Resident Capacity: 0
City, State: LOS ANGELES, CA 90031	Total Occupancy: 0
Phone #: (323)222-4591 Fax #: (323)222-4614	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: LATINAS RECOVERY HOME	Record ID: 190065EN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 327 NORTH ST. LOUIS STREET	Resident Capacity: 6
City, State: LOS ANGELES, CA 90063	Total Occupancy: 6
Phone #: (323)261-7810	Target Population: 1.3
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: SAN GABRIEL VALLEY CENTER	Record ID: 190065HN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 11411 VALLEY BOULEVARD	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)813-0288 Fax #: (626)813-0928	Target Population: 1.7
	Expiration Date 01/31/2008
Program Name: LATINO FAMILY ALCOHOL AND DRUG SERVICES	Record ID: 190065IN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 5801 EAST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)722-4529 Fax #: (323)722-4450	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: LATINOS RECOVERY HOME	Record ID: 190065CN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 2436 WABASH AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90033	Total Occupancy: 6
Phone #: (323)780-8756	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: ENLIGHTENMENT CHEMICAL DEPENDENCY PROGRAM	Record ID: 190489AN
Legal Name: CALIFORNIA INSTITUTE OF HEALTH & SOCIAL SERVICES	Service Type: NON
Address: 17800 SOUTH MAIN STREET, SUITE 103	Resident Capacity: 0
City, State: CARSON, CA 90248	Total Occupancy: 0
Phone #: (310)645-0625	Target Population: 1.1
	Expiration Date 09/30/2007
Program Name: CALIFORNIA RECOVERY CENTER, INC.	Record ID: 190370AP
Legal Name: CALIFORNIA RECOVERY CENTER, INC.	Service Type: NON
Address: 1315 NORTH BULLIS ROAD, SUITES 1 AND 2	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)638-7414 Fax #: (310)638-7424	Target Population: 1.1
	Expiration Date 01/31/2007
Program Name: CAMBODIAN ASSOCIATION OF AMERICA, COMMUNITY PREVENTIO	Record ID: 190358AN
Legal Name: CAMBODIAN ASSOCIATION OF AMERICA	Service Type: NON
Address: 2501 ATLANTIC AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)424-6105 Fax #: (562)988-1475	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099DN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: NON
Address: 9705 SOUTH HOLMES AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90002	Total Occupancy: 0
Phone #: (323)249-9097 Fax #: (323)249-9121	Target Population: 1.1
	Expiration Date 01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: BROWN SCAPULAR PROGRAM	Record ID: 190099EN
Legal Name: CANON HUMAN SERVICES CENTERS, INC.	Service Type: RES
Address: 9705 SOUTH HOLMES STREET	Resident Capacity: 43
City, State: LOS ANGELES, CA 90002	Total Occupancy: 43
Phone #: (323)249-9097 Fax #: (323)249-9121	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: CARE COMMUNITY CORPORATION	Record ID: 190560AN
Legal Name: CARE COMMUNITY CORPORATION	Service Type: NON
Address: 2329 WEST 54TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (323)291-9109 Fax #: (323)291-9109	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: CARING RESIDENTIAL CARE, INC.	Record ID: 190424AN
Legal Name: CARING RESIDENTIAL CARE, INC.	Service Type: NON
Address: 4309-4311 LEIMERT BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)293-6000	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: CARING RESIDENTIAL CARE, INC.	Record ID: 190424BN
Legal Name: CARING RESIDENTIAL CARE, INC.	Service Type: RES
Address: 8918 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)293-6000 Fax #: (310)293-6005	Target Population: 1.3
	Expiration Date 01/31/2008
Program Name: CASA DE LAS AMIGAS-THE JON DUDLEY OUTPATIENT CENTER	Record ID: 190012BN
Legal Name: CASA DE LAS AMIGAS	Service Type: NON
Address: 744 EAST WALNUT AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)792-2770 Fax #: (626)792-5826	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: CASA DE LAS AMIGAS	Record ID: 190012CN
Legal Name: CASA DE LAS AMIGAS	Service Type: RES
Address: 160 NORTH EL MOLINO AVENUE AND 173 NORTH OAK KNOLL A	Resident Capacity: 37
City, State: PASADENA, CA 91101	Total Occupancy: 37
Phone #: (626)792-2770 Fax #: (626)792-5826	Target Population: 1.3
	Expiration Date 03/31/2008
Program Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES THE FA	Record ID: 190442AN
Legal Name: CENTER FOR INTEGRATED FAMILY AND HEALTH SERVICES	Service Type: NON
Address: 540 SOUTH EREMLAND DRIVE, SUITES A-D	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)967-5103 Fax #: (626)967-1339	Target Population: 1.1
	Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CHABAD RESIDENTIAL TREATMENT CENTER	Record ID: 190087CN
Legal Name: CHABAD OF CALIFORNIA	Service Type: RES
Address: 5675 WEST OLYMPIC BOULEVARD	Resident Capacity: 44
City, State: LOS ANGELES, CA 90036	Total Occupancy: 44
Phone #: (310)208-7511	Target Population: 1.2
	Expiration Date 03/31/2009
 Program Name: CHACH MEDICAL AID	 Record ID: 190500AN
Legal Name: CHACH MEDICAL AID	Service Type: NON
Address: 11633 HAWTHORNE BOULEVARD, SUITE 215	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (310)351-9295 Fax #: (310)978-0562	Target Population: 1.1
	Expiration Date 05/31/2008
 Program Name: CHANDLER TREATMENT CENTER	 Record ID: 190514AP
Legal Name: CHANDLER CONVALESCENT HOSPITAL	Service Type: RES
Address: 12120 CHANDLER BOULEVARD	Resident Capacity: 70
City, State: NORTH HOLLYWOOD, CA 91607	Total Occupancy: 70
Phone #: (818)985-1814 Fax #: (818)985-3128	Target Population: 1.1
	Expiration Date 05/31/2008
 Program Name: CHANGING STEPS	 Record ID: 190532AN
Legal Name: CHANGING STEPS	Service Type: RES
Address: 5151 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90067	Total Occupancy: 0
Phone #: (818)997-6876 Fax #: (818)997-6828	Target Population: 1.1
 Program Name: KING DREW PLACE OF FAMILY	 Record ID: 190044AN
Legal Name: CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE	Service Type: NON
Address: 9307 SOUTH CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90002	Total Occupancy: 0
Phone #: (323)564-6982	Target Population: 1.1
	Expiration Date 02/29/2008
 Program Name: KING/DREW CASA DE FREEDOM SUBSTANCE ABUSE TREATMENT P	 Record ID: 190044DN
Legal Name: CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE	Service Type: NON
Address: 2711 NORTH WILMINGTON AVENUE	Resident Capacity: 0
City, State: COMPTON, CA 90222	Total Occupancy: 0
Phone #: (310)631-5884 Fax #: (310)631-6348	Target Population: 1.1
	Expiration Date 01/31/2009
 Program Name: RENEE'S HOMES FOR BETTER LIFE 1	 Record ID: 190563AN
Legal Name: CHELLE'S HOMES AND TREATMENT CENTERS	Service Type: RES
Address: 1008 WEST 156TH STREET	Resident Capacity: 4
City, State: COMPTON, CA 90220	Total Occupancy: 6
Phone #: (562)404-4585 Fax #: (310)886-7810	Target Population: 1.3
	Expiration Date 06/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: ALCOHOL & DRUG PROGRAM	Record ID: 190459AN
Legal Name: CHILD & FAMILY CENTER	Service Type: NON
Address: 21545 CENTRE POINTE PARKWAY	Resident Capacity: 0
City, State: SANTA CLARITA, CA 91350	Total Occupancy: 0
Phone #: (661)259-9439 Fax #: (661)250-8755	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: SUBSTANCE ABUSE TREATMENT PROGRAM, DIV. OF ADOLESCENT I	Record ID: 190473AN
Legal Name: CHILDREN HOSPITAL LOS ANGELES	Service Type: NON
Address: 5000 SUNSET BOULEVARD, 4TH FLOOR	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (323)669-2463 Fax #: (323)913-3614	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: CHOICES RECOVERY SERVICES	Record ID: 190487EP
Legal Name: CHOICES OF LONG BEACH, INC.	Service Type: RES-DETOX
Address: 840 WALNUT AVENUE, UNIT B	Resident Capacity: 6
City, State: LONG BEACH, CA 90813	Total Occupancy: 6
Phone #: (562)930-0565 Fax #: (562)856-2630	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: CHOICES RECOVERY SERVICES	Record ID: 190487HP
Legal Name: CHOICES OF LONG BEACH, INC.	Service Type: NON
Address: 1601 EAST 10TH STREET	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)590-9010 Fax #: (562)590-8045	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: CHOICES RECOVERY SERVICES	Record ID: 190487GP
Legal Name: CHOICES OF LONG BEACH, INC.	Service Type: RES
Address: 840 WALNUT AVENUE, UNIT D	Resident Capacity: 6
City, State: LONG BEACH, CA 90813	Total Occupancy: 6
Phone #: (562)930-0565 Fax #: (562)856-2630	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: CHOICES RECOVERY SERVICES	Record ID: 190487CP
Legal Name: CHOICES OF LONG BEACH, INC.	Service Type: RES
Address: 735 GAVIOTA AVENUE	Resident Capacity: 6
City, State: LONG BEACH, CA 90813	Total Occupancy: 10
Phone #: (562)930-0565 Fax #: (562)856-2630	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: CHOICES RECOVERY SERVICES - CHOICES OF LONG BEACH, INC. - C	Record ID: 190487BP
Legal Name: CHOICES OF LONG BEACH, INC.	Service Type: RES
Address: 701 DAWSON AVENUE	Resident Capacity: 6
City, State: LONG BEACH, CA 90804	Total Occupancy: 9
Phone #: (562)930-0565 Fax #: (562)856-2630	Target Population: 1.2
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CHOICES RECOVERY SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 840 WALNUT AVENUE, UNIT C City, State: LONG BEACH, CA 90813 Phone #: (562)930-0565 Fax #: (562)856-2630	Record ID: 190487FP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: CHOICES RECOVERY SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 840 WALNUT AVENUE, UNIT A City, State: LONG BEACH, CA 90813 Phone #: (562)930-0565 Fax #: (562)856-2630	Record ID: 190487AP Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.2 Expiration Date 11/30/2007
Program Name: CHOICES TREATMENT SERVICES Legal Name: CHOICES OF LONG BEACH, INC. Address: 2139 EAST 7TH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)590-9010 Fax #: (562)590-8045	Record ID: 190487DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 12/31/2007
Program Name: ALCOHOL AND DRUG BEHAVIOR CENTER Legal Name: CHRISTIANS CENTER MANOR Address: 8721 SOUTH BROADWAY City, State: LOS ANGELES, CA 90003 Phone #: (323)751-3896 Fax #: (323)751-1485	Record ID: 190445AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009
Program Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC. Legal Name: CIRCLE OF FRIENDS OUTPATIENT SERVICES, INC. Address: 715 NORTH RIDGEWOOD PLACE City, State: LOS ANGELES, CA 90038 Phone #: (323)465-5888 Fax #: (323)465-3223	Record ID: 190272AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009
Program Name: CIRCLE OF HELP FOUNDATION Legal Name: CIRCLE OF HELP FOUNDATION Address: 2120 WEST 8TH STREET, SUITES 330 AND 390 City, State: LOS ANGELES, CA 90057 Phone #: (213)365-9047 Fax #: (213)365-9178	Record ID: 190483AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 06/30/2009
Program Name: CITY OF COMPTON SPECIAL SERVICES CENTER Legal Name: CITY OF COMPTON Address: 404 NORTH ALAMEDA STREET City, State: COMPTON, CA 90221 Phone #: (310)605-5693 Fax #: (310)639-5260	Record ID: 190335AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CITY OF LONG BEACH, ALCOHOL AND DRUG REHABILITATION	Record ID: 190030CN
Legal Name: CITY OF LONG BEACH, MUNICIPALITY	Service Type: NON
Address: 1133 EAST RHEA STREET	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (562)570-4440 Fax #: (562)570-4404	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: CITY OF PASADENA RECOVERY CENTER	Record ID: 190041AN
Legal Name: CITY OF PASADENA PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 1845 NORTH FAIR OAKS AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91103	Total Occupancy: 0
Phone #: (626)744-6001 Fax #: (626)744-6096	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: CIVIGENICS, INC., LONG BEACH FACILITY	Record ID: 190400AP
Legal Name: CIVIGENICS, INC.	Service Type: RES
Address: 2233 EAST 69TH STREET	Resident Capacity: 112
City, State: LONG BEACH, CA 90805	Total Occupancy: 112
Phone #: (562)663-0710 Fax #: (562)602-0811	Target Population: 1.2
	Expiration Date 10/31/2007
Program Name: MEN'S RECOVERY HOME	Record ID: 190016AN
Legal Name: CLARE FOUNDATION, INC.	Service Type: RES
Address: 1871 NINTH STREET	Resident Capacity: 58
City, State: SANTA MONICA, CA 90404	Total Occupancy: 58
Phone #: (310)314-6238	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: SANTA MONICA RECOVERY CENTER	Record ID: 190016BN
Legal Name: CLARE FOUNDATION, INC.	Service Type: RES-DETOX
Address: 905 AND 907 PICO BOULEVARD	Resident Capacity: 31
City, State: SANTA MONICA, CA 90405	Total Occupancy: 31
Phone #: (310)314-6250	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: CLARE FOUNDATION INTENSIVE OUTPATIENT PROGRAM	Record ID: 190016HN
Legal Name: CLARE FOUNDATION, INC.	Service Type: NON
Address: 1020 PICO BOULEVARD	Resident Capacity: 0
City, State: SANTA MONICA, CA 90405	Total Occupancy: 0
Phone #: (310)314-6209 Fax #: (310)396-6974	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: WOMEN'S RECOVERY HOME	Record ID: 190016FN
Legal Name: CLARE FOUNDATION, INC.	Service Type: RES
Address: 1023-1031 PICO BOULEVARD	Resident Capacity: 14
City, State: SANTA MONICA, CA 90405	Total Occupancy: 14
Phone #: (310)450-4184	Target Population: 1.3
	Expiration Date 07/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS LLC
Address: 2432 1/2 WALNUT AVENUE
City, State: VENICE, CA 90291
Phone #: (310)446-0110 Fax #: (310)474-6115

Record ID: 190438BP
Service Type: RES
Resident Capacity: 3
Total Occupancy: 3
Target Population: 1.1
Expiration Date 06/30/2008

Program Name: CLEARVIEW TREATMENT PROGRAM
Legal Name: CLEARVIEW CENTERS LLC
Address: 2432 WALNUT AVENUE
City, State: VENICE, CA 90291
Phone #: (310)446-0110 Fax #: (310)474-6115

Record ID: 190438AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2008

Program Name: CLEARVIEW TREATMENT PROGRAMS
Legal Name: CLEARVIEW CENTERS, LLC
Address: 2435 GLYNDON AVENUE
City, State: VENICE, CA 90291
Phone #: (310)305-2691 Fax #: (310)305-2693

Record ID: 190438CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 08/31/2008

Program Name: CLIFFSIDE MALIBU
Legal Name: CLIFFSIDE MALIBU
Address: 30060 ANDROMEDA LANE
City, State: MALIBU, CA 90265
Phone #: (310)589-2800 Fax #: (310)589-2802

Record ID: 190474AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 06/30/2009

Program Name: CLINICA MONSEÑOR OSCAR A. ROMERO
Legal Name: CLINICA MSR. OSCAR A. ROMERO
Address: 2032 MARENGO STREET
City, State: LOS ANGELES, CA 90033
Phone #: (323)987-1030 Fax #: (323)266-2541

Record ID: 190368AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 11/30/2008

Program Name: COMADE CARE TREATMENT CENTER
Legal Name: COMADE CARE TREATMENT CENTER
Address: 12440 FIRESTONE BOULEVARD, #314
City, State: NORWALK, CA 90650
Phone #: (562)462-1340 Fax #: (562)925-7360

Record ID: 190537AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 10/31/2008

Program Name: MASADA HOMES SUBSTANCE ABUSE SERVICES
Legal Name: COUNSELING AND RESEARCH ASSOCIATES DBA MASADA HOMES
Address: 130 WEST VICTORIA STREET
City, State: GARDENA, CA 90248
Phone #: (310)715-2020 Fax #: (310)660-0494

Record ID: 190471AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 09/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CP PROFESSIONAL EDUCATION & COUNSELING SERVICES, INCORP	Record ID: 190490AN
Legal Name: CP PROFESSIONAL EDUCATION & COUNSELING SERVICES, INCORP	Service Type: NON
Address: 4041 MARLTON AVENUE, SUITE 130 AND 136	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)294-6400 Fax #: (323)296-5187	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: CREATIVE CARE	Record ID: 190226DP
Legal Name: CREATIVE CARE, INC.	Service Type: RES
Address: 5947 TRANCAS CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-9834 Fax #: (310)589-5547	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: CREATIVE CARE, INC.	Record ID: 190226EP
Legal Name: CREATIVE CARE, INC.	Service Type: RES
Address: 18850 DEVONSHIRE STREET	Resident Capacity: 6
City, State: NORTHRIDGE, CA 91324	Total Occupancy: 6
Phone #: (818)363-5630 Fax #: (818)368-5269	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: CREATIVE CARE, INC.	Record ID: 190226FP
Legal Name: CREATIVE CARE, INC.	Service Type: RES-DETOX
Address: 730 CRATER CAMP DRIVE	Resident Capacity: 6
City, State: CALABASAS, CA 91302	Total Occupancy: 6
Phone #: (310)589-9834 Fax #: (310)589-5547	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: CREATIVE CARE - MALIBU	Record ID: 190226AP
Legal Name: CREATIVE CARE, INC.	Service Type: RES-DETOX
Address: 5927 TRANCAS CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-9834	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CREATIVE CARE	Record ID: 190226BP
Legal Name: CREATIVE CARE, INC.	Service Type: RES-DETOX
Address: 5909 TRANCAS CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-9834 Fax #: (310)589-5547	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CREATIVE CARE	Record ID: 190226CP
Legal Name: CREATIVE CARE, INCORPORATED	Service Type: RES-DETOX
Address: 5941 TRANCAS CANYON	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-9834 Fax #: (310)589-5547	Target Population: 1.1
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CRI-HELP	Record ID: 190095AN
Legal Name: CRI-HELP, INC.	Service Type: RES-DETOX
Address: 11027 BURBANK BOULEVARD	Resident Capacity: 135
City, State: NORTH HOLLYWOOD, CA 91601	Total Occupancy: 135
Phone #: (818)985-8323 Fax #: (818)506-7066	Target Population: 1.1
	Expiration Date: 12/31/2007
Program Name: CRI-HELP - OUTPATIENT	Record ID: 190095KN
Legal Name: CRI-HELP, INC.	Service Type: NON
Address: 8330 LANKERSHIM BOULEVARD	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91605	Total Occupancy: 0
Phone #: (818)985-8323	Target Population: 1.1
	Expiration Date: 12/31/2007
Program Name: SOCORRO	Record ID: 190095MN
Legal Name: CRI-HELP, INC.	Service Type: RES
Address: 2010 NORTH LINCOLN PARK AVENUE	Resident Capacity: 78
City, State: LINCOLN HEIGHTS, CA 90031	Total Occupancy: 78
Phone #: (323)222-1440	Target Population: 1.1
	Expiration Date: 05/31/2009
Program Name: SOCORRO	Record ID: 190095NN
Legal Name: CRI-HELP, INC.	Service Type: NON
Address: 4966 SOUTH HUNTINGTON DRIVE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90032	Total Occupancy: 0
Phone #: (323)343-9530	Target Population: 1.1
	Expiration Date: 05/31/2009
Program Name: CROSSROADS SKILLS DEVELOPMENT, INC.	Record ID: 190508AN
Legal Name: CROSSROADS SKILLS DEVELOPMENT, INC.	Service Type: NON
Address: 1704 WEST MANCHESTER AVENUE, SUITE 105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)759-6224	Target Population: 1.1
	Expiration Date: 03/31/2008
Program Name: CROSSROADS	Record ID: 190205AN
Legal Name: CROSSROADS, INCORPORATED	Service Type: RES
Address: 1269 NORTH HARVARD AVENUE	Resident Capacity: 6
City, State: CLAREMONT, CA 91711	Total Occupancy: 7
Phone #: (909)397-0103	Target Population: 1.3
	Expiration Date: 09/30/2009
Program Name: LAWS SUPPORT CENTER	Record ID: 190423AN
Legal Name: DANNY LAWS	Service Type: NON
Address: 2707 WEST 54TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90043	Total Occupancy: 0
Phone #: (323)733-5315 Fax #: (323)733-4676	Target Population: 1.1
	Expiration Date: 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: DARE U TO CARE DRUG/ALCOHOL TREATMENT PROGRAM	Record ID: 190182EN
Legal Name: DARE U TO CARE OUTREACH MINISTRY	Service Type: RES
Address: 316 WEST 120TH STREET	Resident Capacity: 22
City, State: LOS ANGELES, CA 90061	Total Occupancy: 23
Phone #: (310)515-5039 Fax #: (310)515-6837	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: DARE U TO CARE OUTREACH MINISTRY	Record ID: 190182DN
Legal Name: DARE U TO CARE OUTREACH MINISTRY	Service Type: NON
Address: 14325 SOUTH FIGUEROA STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90248	Total Occupancy: 0
Phone #: (310)515-5039 Fax #: (310)515-6837	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: DESIGN FOR LIVING RECOVERY SERVICES	Record ID: 190463BN
Legal Name: DESIGN FOR LIVING RECOVERY SERVICES	Service Type: RES
Address: 1066 EAST AVENUE J	Resident Capacity: 6
City, State: LANCASTER, CA 93534	Total Occupancy: 6
Phone #: (661)942-1026 Fax #: (661)942-4026	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: DESIGN FOR LIVING RECOVERY SERVICES # 2	Record ID: 190463CN
Legal Name: DESIGN FOR LIVING RECOVERY SERVICES	Service Type: RES
Address: 44319 11TH STREET EAST	Resident Capacity: 6
City, State: LANCASTER, CA 93535	Total Occupancy: 6
Phone #: (661)942-1026 Fax #: (661)949-8131	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS 11	Record ID: 190413AP
Legal Name: DEVELOPMENT SPECIALITY PROJECTS, INC.	Service Type: NON
Address: 1773 EAST CENTURY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90002	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS, LLC	Record ID: 190413VP
Legal Name: DEVELOPMENT SPECIALTY PROJCTS, INC.	Service Type: NON
Address: 1400 MOUNT OLIVE DRIVE	Resident Capacity: 0
City, State: DUARTE, CA 91010	Total Occupancy: 0
Phone #: (909)821-8023 Fax #: (559)831-3416	Target Population: 1.5
	Expiration Date 02/29/2008
Program Name: ESTELLE VAN METER MULTIPURPOSE CENTER	Record ID: 190413XP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS INC. D.B.A. HEALTH CARE DU	Service Type: NON
Address: 606 EAST 76TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90001	Total Occupancy: 0
Phone #: (866)281-6883 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: COMPTON HIGH SCHOOL	Record ID: 190413YP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS INC., DBA HEALTH CARE DU	Service Type: NON
Address: 601 SOUTH ACACIA AVENUE	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413FP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 5354 WEST 64TH STREET	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413NP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 155 WEST KELSO STREET	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413MP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 115 NORTH AVENUE 53	Resident Capacity: 0
City, State: LOS ANGELES, CA 90042	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413LP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 441 WEST HILLCREST BOULEVARD	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413KP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 3540 NORTH MISSION ROAD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90031	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1289	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413JP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 10711 10TH AVENUE	Resident Capacity: 0
City, State: INGLEWOOD, CA 90303	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 231 SOUTH GREVILLEA AVENUE
City, State: INGLEWOOD, CA 90301
Phone #: (559)352-1185 Fax #: (559)275-1281

Record ID: 190413IP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/29/2008

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 3600 WEST IMPERIAL HIGHWAY
City, State: INGLEWOOD, CA 90303
Phone #: (866)281-6882 Fax #: (818)831-3416

Record ID: 190413PP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 07/31/2007

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 5213 WEST PICO BOULEVARD
City, State: LOS ANGELES, CA 90019
Phone #: (559)352-1185 Fax #: (559)275-1281

Record ID: 190413QP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/29/2008

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 15342 SOUTH HAWTHORNE BOULEVARD
City, State: LAWNDALe, CA 90250
Phone #: (559)352-1185

Record ID: 190413OP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/29/2008

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 10500 YUKON AVENUE
City, State: INGLEWOOD, CA 90305
Phone #: (559)352-1185 Fax #: (559)275-1281

Record ID: 190413HP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/29/2008

Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 151 NORTH GREVILLEA AVENUE
City, State: INGLEWOOD, CA 90303
Phone #: (559)352-1185 Fax #: (559)237-5591

Record ID: 190413GP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/29/2008

Program Name: HEALTH CARE DUAL DIAGNOSIS LLC
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.
Address: 6801 SOUTH WESTERN AVENUE
City, State: LOS ANGELES, CA 90041
Phone #: (909)821-8023 Fax #: (559)831-3416

Record ID: 190413UP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: HEALTH CARE DUAL DIAGNOSIS	Record ID: 190413TP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.	Service Type: NON
Address: 3320 WEST 85TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90305	Total Occupancy: 0
Phone #: (909)821-8023 Fax #: (559)831-3416	Target Population: 1.5
	Expiration Date 04/30/2008
Program Name: DUARTE HIGH SCHOOL	Record ID: 190413DDP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC. DBA HEALTH CARE DU	Service Type: NON
Address: 1565 EAST CENTRAL AVENUE	Resident Capacity: 0
City, State: DUARTE, CA 91010	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: NORTHVIEW INTERMEDIATE	Record ID: 190413BBP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC. DBA HEALTH CARE DU	Service Type: NON
Address: 1401 HIGHLAND AVENUE	Resident Capacity: 0
City, State: DUARTE, CA 91010	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: HOPE CENTER ACADEMY	Record ID: 190413ZP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC. DBA HEALTH CARE DU	Service Type: NON
Address: 425 EAST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413DP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC., D.B.A. HEALTH CARE D	Service Type: NON
Address: 7706 SOUTH CENTRAL	Resident Capacity: 0
City, State: LOS ANGELES, CA 90001	Total Occupancy: 0
Phone #: (559)352-1185 Fax #: (559)275-1281	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: SOUTHWEST PAU	Record ID: 190413CCP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC., DBA HEALTH CARE DU	Service Type: NON
Address: 14600 CERISE AVENUE	Resident Capacity: 0
City, State: HAWTHORNE, CA 90250	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: DESTINY - H.R. MOORE	Record ID: 190431AAP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC., DBA HEALTH CARE DU	Service Type: NON
Address: 7655 SOUTH CENTRAL AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90001	Total Occupancy: 0
Phone #: (866)281-6882 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: EAST VALLEY	Record ID: 190413WP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS, INC.D.B.A. HEALTH CARE DU	Service Type: NON
Address: 14630 LANARK STREET	Resident Capacity: 0
City, State: PANORAMA CITY, CA 91402	Total Occupancy: 0
Phone #: (866)281-0682 Fax #: (818)831-3416	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: HEALTH CARE DUAL DIAGNOSIS CLINICS II	Record ID: 190413SP
Legal Name: DEVELOPMENT SPECIALTY PROJECTS,INC.	Service Type: NON
Address: 13101 DRONFIELD AVENUE	Resident Capacity: 0
City, State: SYLMAR, CA 91342	Total Occupancy: 0
Phone #: (909)821-8023 Fax #: (559)831-3416	Target Population: 1.5
	Expiration Date 04/30/2008
Program Name: DICTA SUBSTANCE ABUSE TREATMENT CENTER	Record ID: 190545AN
Legal Name: DICTA HEALTH SERVICES, INC.	Service Type: NON
Address: 323 NORTH PRAIRIE, SUITE 315	Resident Capacity: 0
City, State: INGLEWOOD, CA 90301	Total Occupancy: 0
Phone #: (310)673-4117	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: VIA AVANTA	Record ID: 190092AN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE	Service Type: RES
Address: 11643 GLENOAKS BOULEVARD	Resident Capacity: 70
City, State: PACOIMA, CA 91331	Total Occupancy: 70
Phone #: (818)897-2609	Target Population: 1.4
	Expiration Date 07/31/2008
Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER, OUTPATIENT	Record ID: 190092BN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE	Service Type: NON
Address: 11133 WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: CULVER CITY, CA 90230	Total Occupancy: 0
Phone #: (310)895-2300	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER ADOLESCENT	Record ID: 190092CN
Legal Name: DIDI HIRSCH PSYCHIATRIC SERVICE, INC. DIDI HIRSCH COMMUNIT	Service Type: NON
Address: 1240 VENICE BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: LOS ANGELES, CA 90066	Total Occupancy: 0
Phone #: (310)751-1200 Fax #: (310)398-0312	Target Population: 1.5
	Expiration Date 12/31/2007
Program Name: DO IT NOW FOUNDATION OF SOUTHERN CALIFORNIA, INC.	Record ID: 190352AN
Legal Name: DO IT NOW FOUNDATION OF SOUTHERN CALIFORNIA, INC.	Service Type: NON
Address: 6115 SELMA AVENUE	Resident Capacity: 0
City, State: HOLLYWOOD, CA 90028	Total Occupancy: 0
Phone #: (323)465-3784 Fax #: (323)465-3899	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: DOUG REMINGTON DBA ARCHITECTS FOR HAPPINESS	Record ID: 190510AN
Legal Name: DOUG REMINGTON DBA ARCHITECTS FOR HAPPINESS	Service Type: NON
Address: 12240 VENICE BOULEVARD, #21	Resident Capacity: 0
City, State: MAR VISTA, CA 90066	Total Occupancy: 0
Phone #: (310)823-8202	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: A NEW SERENITY	Record ID: 190481AP
Legal Name: DR. WAYNE KELLEY	Service Type: NON
Address: 5701 SOUTH FIGUEROA	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (310)339-6137	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: AM/PM VAN NUYS BUDGET SCHOOL - ESCUELA LATINA	Record ID: 190294AP
Legal Name: DRIVER SAFETY SCHOOLS, INC.	Service Type: NON
Address: 6850 VAN NUYS BOULEVARD, SUITE 100	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)787-7878	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: AM/PM CULVER CITY BUDGET SCHOOL - ESCUELA LATINA	Record ID: 190294BP
Legal Name: DRIVER SAFETY SCHOOLS, INC.	Service Type: NON
Address: 4240 OVERLAND AVENUE	Resident Capacity: 0
City, State: CULVER CITY, CA 90230	Total Occupancy: 0
Phone #: (310)837-1818	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: THE EAST LOS ANGELES HEALTH TASK FORCE	Record ID: 190017BN
Legal Name: EAST LOS ANGELES HEALTH TASK FORCE	Service Type: NON
Address: 2120 EAST 6TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90023	Total Occupancy: 0
Phone #: (323)881-1110 Fax #: (323)261-0135	Target Population: 1.7
	Expiration Date 12/31/2007
Program Name: EATON CANYON TREATMENT CENTER	Record ID: 190521AP
Legal Name: EATON CANYON RECOVERY SERVICES, INC.	Service Type: RES-DETOX
Address: 3323 EAST FAIRPOINTE STREET	Resident Capacity: 12
City, State: PASADENA, CA 91107	Total Occupancy: 12
Phone #: (626)798-0150 Fax #: (626)798-8685	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: DAY TREATMENT AND OUTPATIENT ALCOHOL AND/OR OTHER DRU	Record ID: 190236BN
Legal Name: EL PROYECTO DEL BARRIO	Service Type: NON
Address: 9140 VAN NUYS BOULEVARD, SUITES 104-107, 201, 203, AND 208	Resident Capacity: 0
City, State: PANORAMA CITY, CA 91402	Total Occupancy: 0
Phone #: (818)895-2206 Fax #: (818)895-0824	Target Population: 1.1
	Expiration Date 07/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: AMITY FOUNDATION	Record ID: 190259AN
Legal Name: EPIDAUROS	Service Type: RES
Address: 3745 SOUTH GRAND AVENUE, VARIOUS ROOMS (LISTED BELOW)	Resident Capacity: 187
City, State: LOS ANGELES, CA 90007	Total Occupancy: 187
Phone #: (559)783-2813	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: FAMILY SERVICE OF LONG BEACH	Record ID: 190275AN
Legal Name: FAMILY SERVICE OF LONG BEACH	Service Type: NON
Address: 16704 CLARK STREET	Resident Capacity: 0
City, State: BELLFLOWER, CA 90706	Total Occupancy: 0
Phone #: (562)436-9893 Fax #: (562)435-4861	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: FAMILY SERVICE OF LONG BEACH	Record ID: 190275BN
Legal Name: FAMILY SERVICE OF LONG BEACH	Service Type: NON
Address: 1043 PINE AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)436-9893 Fax #: (562)435-4861	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: PASSAGES NORTHEAST	Record ID: 190516BP
Legal Name: FEDERAL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 6428 - B MEADOWS COURT	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: PASSAGES EAST	Record ID: 190516AP
Legal Name: FEDERAL RECOVERY SYSTEMS, LLC	Service Type: RES
Address: 6439 (B) SYCAMORE MEADOWS DRIVE	Resident Capacity: 5
City, State: MALIBU, CA 90265	Total Occupancy: 5
Phone #: (310)589-2880 Fax #: (310)589-2858	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: FIRST TO SERVE	Record ID: 190342AN
Legal Name: FIRST TO SERVE	Service Type: RES
Address: 1017 WEST 50TH STREET	Resident Capacity: 16
City, State: LOS ANGELES, CA 90037	Total Occupancy: 16
Phone #: (323)758-4670 Fax #: (323)758-4011	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: F.O.U.N.D., INC.	Record ID: 190279BP
Legal Name: FORMING OPPORTUNITIES UNDER NEW DIRECTION	Service Type: NON
Address: 830 SOUTH OLIVE STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90014	Total Occupancy: 0
Phone #: (213)683-8300 Fax #: (213)627-2800	Target Population: 1.1
	Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: FRED BROWN RECOVERY SERVICES
Legal Name: FRED BROWN RECOVERY SERVICES
Address: 356 WEST 13TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 06/30/2008

Program Name: FRED BROWN RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES
Address: 270 WEST 14TH STREET, #3
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135MN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2007

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 270 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135CN
Service Type: RES
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.2
Expiration Date 11/30/2008

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 278 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135IN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 02/29/2008

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 276 WEST 14TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)519-8723 Fax #: (310)519-9428

Record ID: 190135JN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 02/29/2008

Program Name: FRED BROWN'S RECOVERY SERVICES
Legal Name: FRED BROWN'S RECOVERY SERVICES, INC.
Address: 856 WEST 19TH STREET
City, State: SAN PEDRO, CA 90731
Phone #: (310)548-1196 Fax #: (310)519-9428

Record ID: 190135EN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 11/30/2007

Program Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM
Legal Name: FREE N ONE - A DRUG AND ALCOHOL FREE PROGRAM
Address: 5838 SOUTH OVERHILL DRIVE, SUITE 2
City, State: LOS ANGELES, CA 90043
Phone #: (323)295-0009

Record ID: 190447BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: FREYHARDT & LOWE, INC. Legal Name: FREYHARDT & LOWE, INC. Address: 1607 EAST PALMDALE, SUITE G City, State: PALMDALE, CA 93550 Phone #: (661)547-9114	Record ID: 190485AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2007
Program Name: GB MEDICAL SERVICES, INC. Legal Name: GB MEDICAL SERVICES, INC. Address: 3505 LONG BEACH BOULEVARD, SUITE 1F City, State: LONG BEACH, CA 90807 Phone #: (562)988-3436 Fax #: (562)988-3439	Record ID: 190542AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: GENESIS PROGRAMS, INC. Legal Name: GENESIS PROGRAMS, INC. Address: 25129 THE OLD ROAD, SUITE 207 City, State: STEVENSON RANCH, CA 91381 Phone #: (661)260-3078 Fax #: (661)260-2583	Record ID: 190233CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2007
Program Name: ALTERNATIVE OPTIONS INTENSIVE OUTPATIENT PROGRAM FOR AI Legal Name: GEORGE W. BERNIER, PH.D., DBA ALTERNATIVE OPTIONS Address: 12881 166TH STREET, SUITE 110 City, State: CERRITOS, CA 90703 Phone #: (562)921-5701 Fax #: (562)921-5703	Record ID: 190340BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009
Program Name: GLENDALE ADVENTIST ALCOHOL AND DRUG SERVICES Legal Name: GLENDALE ADVENTIST MEDICAL CENTER Address: 335 MISSION ROAD City, State: GLENDALE, CA 91205 Phone #: (818)242-3116 Fax #: (818)242-5759	Record ID: 190082BN Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 06/30/2008
Program Name: GLORIOUS MANOR, INC., II Legal Name: GLORIOUS MANOR, INC., II Address: 2703 EAST 7TH STREET City, State: LONG BEACH, CA 90804 Phone #: (562)843-6028	Record ID: 190519AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 04/30/2008
Program Name: SYLMAR HEALTH AND REHABILITATION Legal Name: GOLDEN STATE HEALTH CENTERS, INC. Address: 12220 FOOTHILL BOULEVARD City, State: SYLMAR, CA 91342 Phone #: (818)834-5082 Fax #: (818)896-8097	Record ID: 190427AP Service Type: RES Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: GORETTI HEALTH SERVICES Legal Name: GORETTI HEALTH SERVICES, INC. Address: 14623 HAWTHORNE BOULEVARD, SUITE 306 City, State: LAWNDAL, CA 90260 Phone #: (310)973-0100 Fax #: (310)973-0099	Record ID: 190559AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008
Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: GRANDVIEW FOUNDATION, INC. Address: 126 NORTH AVENUE 57 City, State: LOS ANGELES, CA 90042 Phone #: (626)797-1124 Fax #: (626)398-9674	Record ID: 190022CN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.2 Expiration Date 11/30/2008
Program Name: GRANDVIEW HOUSE Legal Name: GRANDVIEW FOUNDATION, INC. Address: 225 GRANDVIEW STREET City, State: PASADENA, CA 91104 Phone #: (626)797-1124 Fax #: (626)398-5984	Record ID: 190022BN Service Type: RES Resident Capacity: 22 Total Occupancy: 24 Target Population: 1.2 Expiration Date 03/31/2009
Program Name: MARENGO FACILITY Legal Name: GRANDVIEW FOUNDATION, INC. Address: 1230 NORTH MARENGO AVENUE City, State: PASADENA, CA 91103 Phone #: (626)797-1124	Record ID: 190022AN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.2 Expiration Date 03/31/2009
Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: GRANDVIEW FOUNDATION, INC. Address: 1230 NORTH MARENGO AVENUE City, State: PASADENA, CA 91103 Phone #: (626)797-1124 Fax #: (626)398-9674	Record ID: 190022EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: GRANDVIEW FOUNDATION, INC. Legal Name: GRANDVIEW FOUNDATION, INC. Address: 126 NORTH AVENUE 57 City, State: LOS ANGELES, CA 90042 Phone #: (626)797-1124 Fax #: () -	Record ID: 190022DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008
Program Name: PASSAGES VISTA HOUSE Legal Name: GRASSHOPPER HOUSE LLC Address: 6380 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880	Record ID: 190283DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 12/31/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: PASSAGES C Legal Name: GRASSHOPPER HOUSE, LLC Address: 6439 SYCAMORE MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880	Record ID: 190283CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 08/31/2009
Program Name: PASSAGES Legal Name: GRASSHOPPER HOUSE, LLC Address: 6428 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)392-7710	Record ID: 190283AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 24 Target Population: 1.1 Expiration Date 07/31/2009
Program Name: PASSAGES Legal Name: GRASSHOPPER HOUSE, LLC Address: 6375 MEADOWS COURT City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)589-2858	Record ID: 190283EP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 04/30/2009
Program Name: PASSAGES Legal Name: GRASSHOPPER HOUSE, LLC Address: 6447 SYCAMORE MEADOWS City, State: MALIBU, CA 90265 Phone #: (310)589-2880 Fax #: (310)589-2858	Record ID: 190283FP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2009
Program Name: GUIDANCE HEALTH SERVICES, INC. Legal Name: GUIDANCE HEALTH SERVICES, INC. Address: 11633 HAWTHORNE BOULEVARD, SUITE 210 City, State: HAWTHORNE, CA 90250 Phone #: (310)978-0461 Fax #: (310)978-0562	Record ID: 190380AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: HARBOUR AREA HALFWAY HOUSES, INC. Legal Name: HARBOUR AREA HALF-WAY HOUSES, INC. Address: 940 DAWSON AVENUE City, State: LONG BEACH, CA 90804 Phone #: (562)434-0036 Fax #: (562)434-5196	Record ID: 190454AN Service Type: RES Resident Capacity: 15 Total Occupancy: 15 Target Population: 1.3 Expiration Date 03/31/2009
Program Name: HARMONY PLACE Legal Name: HARMONY PLACE, INC. Address: 6140 CAVALLERI ROAD City, State: MALIBU, CA 90265 Phone #: (310)457-9674 Fax #: (310)457-9784	Record ID: 190336AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: HARMONY PLACE Legal Name: HARMONY PLACE, INC. Address: 23041 HATTERAS STREET City, State: WOODLAND HILLS, CA 91367 Phone #: (818)226-4100 Fax #: (310)457-9784	Record ID: 190336CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/28/2009
Program Name: HEALTHCARE SERVICES, INC.--EL MONTE Legal Name: HEALTHCARE SERVICES, INC. Address: 3441 NORTH GILLMAN AVENUE, UNIT A City, State: EL MONTE, CA 91732 Phone #: (626)444-2918 Fax #: (626)444-2923	Record ID: 190411AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2008
Program Name: HEALTHCARE SERVICES, INC. Legal Name: HEALTHCARE SERVICES, INC. Address: 1231 SOUTH ALVARADO STREET City, State: LOS ANGELES, CA 90006 Phone #: (213)386-5131 Fax #: (213)386-5580	Record ID: 190411DP Service Type: RES Resident Capacity: 29 Total Occupancy: 29 Target Population: 1.2 Expiration Date 05/31/2009
Program Name: THE LIGHTHOUSE EL MONTE Legal Name: HEALTHCARE SERVICES, INC. Address: 4900 SANTA ANITA AVENUE, 2-B City, State: EL MONTE, CA 91732 Phone #: (626)444-2919 Fax #: (626)401-1721	Record ID: 190411CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: HELP THE PEOPLE FOUNDATION Legal Name: HELP THE PEOPLE FOUNDATION Address: 215 EAST CENTER STREET City, State: POMONA, CA 91767 Phone #: (323)294-7296	Record ID: 190319BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2008
Program Name: HELP THE PEOPLE FOUNDATION Legal Name: HELP THE PEOPLE FOUNDATION Address: 3701 STOCKER STREET, SUITE 200 City, State: LOS ANGELES, CA 90008 Phone #: (323)294-7296 Fax #: (310)674-1102	Record ID: 190319AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2007
Program Name: HELPING KIDS TO RECOVER, INC. Legal Name: HELPING KID TO RECOVER, INC. Address: 454 CARSON PLAZA DRIVE, SUITE 109 City, State: CARSON, CA 90746 Phone #: (310)527-7179	Record ID: 190503AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: HELPLINE YOUTH COUNSELING, INC. Legal Name: HELPLINE YOUTH COUNSELING, INC. Address: 12440 EAST FIRESTONE BOULEVARD, SUITE 1000 City, State: NORWALK, CA 90650 Phone #: (562)864-3722 Fax #: (562)864-4596	Record ID: 190386AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: HIS SHELTERING ARMS Legal Name: HIS SHELTERING ARMS, INC. Address: 10615 AVALON BOULEVARD City, State: LOS ANGELES, CA 90003 Phone #: (323)755-6646	Record ID: 190064AN Service Type: RES Resident Capacity: 21 Total Occupancy: 21 Target Population: 1.3 Expiration Date 05/31/2009
Program Name: HIS SHELTERING ARMS FAMILY SERVICES CENTER Legal Name: HIS SHELTERING ARMS, INC. Address: 112 WEST 111TH STREET AND 11101 SOUTH MAIN STREET City, State: LOS ANGELES, CA 90061 Phone #: (323)755-6646 Fax #: (323)777-2209	Record ID: 190064BN Service Type: RES Resident Capacity: 65 Total Occupancy: 69 Target Population: 1.4 Expiration Date 05/31/2009
Program Name: HIS SHELTERING ARMS, INC. Legal Name: HIS SHELTERING ARMS, INC. Address: 11101 SOUTH MAIN STREET City, State: LOS ANGELES, CA 90061 Phone #: (323)755-6646 Fax #: (323)777-2209	Record ID: 190064CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 08/31/2009
Program Name: HHCLA DRUG TREATMENT PROGRAM Legal Name: HOMELESS HEALTH CARE LOS ANGELES Address: 2330 BEVERLY BOULEVARD City, State: LOS ANGELES, CA 90057 Phone #: (213)744-0724 Fax #: (213)748-2432	Record ID: 190246AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: HOUSE OF HOPE Legal Name: HOUSE OF HOPE FOUNDATION, INC. Address: SEE BELOW FOR CURRENT ADDRESSES City, State: SAN PEDRO, CA 90731 Phone #: (310)831-9411	Record ID: 190025AN Service Type: RES Resident Capacity: 50 Total Occupancy: 51 Target Population: 1.3 Expiration Date 03/31/2008
Program Name: HOUSE OF HOPE FOUNDATION, INC. Legal Name: HOUSE OF HOPE FOUNDATION, INC. Address: 205 WEST NINTH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)521-9209 Fax #: (310)521-9241	Record ID: 190025GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: HUMAN POTENTIAL CONSULTANTS, LLC	Record ID: 190523AP
Legal Name: HUMAN POTENTIAL CONSULTANTS, LLC	Service Type: NON
Address: 500 EAST CARSON PLAZA, SUITE 127	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)674-4024 Fax #: (310)674-4401	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: I-ADARP, (INTER-AGENCY DRUG ABUSE RECOVERY PROGRAM)	Record ID: 190321AN
Legal Name: I-ADARP	Service Type: NON
Address: 6740 KESTER AVENUE, SUITE 200	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)994-7454 Fax #: (818)994-1767	Target Population: 1.4
	Expiration Date 10/31/2009
Program Name: IDEAL CARE AND HEALTH SERVICES, INC.	Record ID: 190544AN
Legal Name: IDEAL CARE AND HEALTH SERVICES, INC.	Service Type: NON
Address: 1920-A NORTH GAREY AVENUE	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (310)532-0220	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: IMMACULATE CARE CENTER, INC.	Record ID: 190479AN
Legal Name: IMMACULATE CARE CENTER, INC.	Service Type: NON
Address: 3540 WILSHIRE BOULEVARD, SUITE 818	Resident Capacity: 0
City, State: LOS ANGELES, CA 90010	Total Occupancy: 0
Phone #: (310)505-0268	Target Population: 1.5
	Expiration Date 07/31/2009
Program Name: INDEPENDENCE COMMUNITY TREATMENT CLINIC	Record ID: 190348AN
Legal Name: INDEPENDENCE COMMUNITY TREATMENT CLINIC	Service Type: NON
Address: 19231 VICTORY BOULEVARD, SUITE 554	Resident Capacity: 0
City, State: RESEDA, CA 91335	Total Occupancy: 0
Phone #: (818)776-1755	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Record ID: 190378AN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: NON
Address: 375 SOUTH MAIN STREET, SUITE 111	Resident Capacity: 0
City, State: POMONA, CA 91766	Total Occupancy: 0
Phone #: (909)932-1069 Fax #: (909)932-1087	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: GRAND AVENUE CENTER FOR DIGNITY - RESIDENTIAL PROGRAM	Record ID: 190383AN
Legal Name: INTERCONNECTION CENTER	Service Type: RES
Address: 3833 SOUTH GRAND AVENUE	Resident Capacity: 18
City, State: LOS ANGELES, CA 90037	Total Occupancy: 18
Phone #: (213)747-4624	Target Population: 1.3
	Expiration Date 04/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: JEFF GRAND TREATMENT CENTER	Record ID: 190512AP
Legal Name: JEFF GRAND MANAGEMENT CO., INC.	Service Type: NON
Address: 3130 SOUTH HILL STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (213)747-7267 Fax #: (213)747-4835	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: JEWISH FAMILY SERVICE OF LOS ANGELES, ALCOHOL DRUG ACTIO	Record ID: 190072BN
Legal Name: JEWISH FAMILY SERVICE OF LOS ANGELES	Service Type: NON
Address: 8838 WEST PICO BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90035	Total Occupancy: 0
Phone #: (310)247-1180 Fax #: (310)858-8582	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: JOINT EFFORTS NONRESIDENTIAL ALCOHOL AND/OR OTHER DRUG	Record ID: 190291AN
Legal Name: JOINT EFFORTS, INC.	Service Type: NON
Address: 505 SOUTH PACIFIC AVENUE, SUITE 205	Resident Capacity: 0
City, State: SAN PEDRO, CA 90731	Total Occupancy: 0
Phone #: (310)831-2358 Fax #: (310)831-2356	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: KB RECOVERY	Record ID: 190527AP
Legal Name: KEVIN BABAYAN	Service Type: RES
Address: 15722 TUPPER STREET	Resident Capacity: 6
City, State: NORTH HILLS, CA 91343	Total Occupancy: 6
Phone #: (818)231-8054 Fax #: (818)891-3639	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: KOREAN COMMUNITY SERVICES	Record ID: 190488AN
Legal Name: KOREAN COMMUNITY SERVICES	Service Type: NON
Address: 4416 WEST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90004	Total Occupancy: 0
Phone #: (323)668-9007 Fax #: (323)644-7530	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: AVALON IMPERIAL DRUG & ALCOHOL REHAB AND COUNSELING SE	Record ID: 190476AN
Legal Name: L.A. SOUTH HEALTH SERVICES, INC.	Service Type: NON
Address: 1704 WEST MANCHESTER BOULEVARD, SUITE 205	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)751-0608 Fax #: (323)751-0608	Target Population: 1.8
	Expiration Date 08/31/2007
Program Name: LATINAS UNIDAS DEL NUEVO AMANERCER	Record ID: 190507AN
Legal Name: L.U.N.A. RECOVERY, INC.	Service Type: NON
Address: 12813 PHILADELPHIA STREET	Resident Capacity: 0
City, State: WHITTIER, CA 90601	Total Occupancy: 0
Phone #: (562)889-6012 Fax #: (562)695-0975	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: LA CLINICA DEL PUEBLO	Record ID: 190109BN
Legal Name: LA CLINICA DEL PUEBLO, INC.	Service Type: NON
Address: 1547 NORTH AVALON BOULEVARD	Resident Capacity: 0
City, State: WILMINGTON, CA 90744	Total Occupancy: 0
Phone #: (310)830-0100 Fax #: (310)830-0187	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: LIGHTHOUSE ALCOHOL AND DRUG TREATMENT SERVICES	Record ID: 190529AN
Legal Name: LIGHTHOUSE OF L.A., INC.	Service Type: NON
Address: 2930 WEST IMPERIAL HIGHWAY, SUITE 200M	Resident Capacity: 0
City, State: INGLEWOOD, CA 90303	Total Occupancy: 0
Phone #: (310)908-3641	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: LITTLE HOUSE, INC.	Record ID: 190029AN
Legal Name: LITTLE HOUSE, INC.	Service Type: RES
Address: 9718 HARVARD STREET	Resident Capacity: 28
City, State: BELLFLOWER, CA 90706	Total Occupancy: 34
Phone #: (562)925-2777 Fax #: (562)925-7572	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: LIVE AGAIN RECOVERY HOME - CAMP CISQUITO	Record ID: 190079BN
Legal Name: LIVE AGAIN MINISTRIES	Service Type: RES
Address: 38215 NORTH SAN FRANCISQUITO CANYON ROAD	Resident Capacity: 80
City, State: SAUGUS, CA 91350	Total Occupancy: 80
Phone #: (661)270-0025	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: LIVE AGAIN RECOVERY HOMES	Record ID: 190079CN
Legal Name: LIVE AGAIN MINISTRIES	Service Type: RES
Address: 45304 NEWTREE AVENUE	Resident Capacity: 6
City, State: LANCASTER, CA 93534	Total Occupancy: 6
Phone #: (661)951-0180 Fax #: (661)270-1341	Target Population: 1.2
	Expiration Date 01/31/2008
Program Name: LIVE AGAIN RECOVERY HOMES	Record ID: 190079DN
Legal Name: LIVE AGAIN MINISTRIES	Service Type: NON
Address: 45114 13TH STREET WEST	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)270-0025	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: OUTPATIENT FAMILY CENTER	Record ID: 190100BN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: NON
Address: 11015 BLOOMFIELD AVENUE	Resident Capacity: 0
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 0
Phone #: (562)906-2676	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: OUTPATIENT SERVICES	Record ID: 190100EN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: NON
Address: 333 SOUTH CENTRAL	Resident Capacity: 0
City, State: LOS ANGELES, CA 90013	Total Occupancy: 0
Phone #: (213)626-6411 Fax #: (562)906-2681	Target Population: 1.1
	Expiration Date 01/31/2008
 Program Name: ALLEN HOUSE	 Record ID: 190100IN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 10425 SOUTH PAINTER AVENUE	Resident Capacity: 55
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 57
Phone #: (562)906-2685 Fax #: (562)944-6713	Target Population: 1.1
	Expiration Date 11/30/2008
 Program Name: FAMILY FOUNDATIONS PROGRAM	 Record ID: 190100KN
Legal Name: LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE	Service Type: RES
Address: 11121 BLOOMFIELD AVENUE	Resident Capacity: 35
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 75
Phone #: (562)946-7675	Target Population: 1.4
	Expiration Date 06/30/2009
 Program Name: ANTELOPE VALLEY REHABILITATION CENTER - ACTON	 Record ID: 190001AN
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES	Service Type: RES
Address: 30500 ARRASTRE CANYON ROAD	Resident Capacity: 309
City, State: ACTON, CA 93510	Total Occupancy: 309
Phone #: (661)269-0062	Target Population: 1.1
	Expiration Date 02/29/2008
 Program Name: ANTELOPE VALLEY REHABILITATION CENTER - WARM SPRINGS	 Record ID: 190001BN
Legal Name: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES	Service Type: RES
Address: 38200 NORTH LAKE HUGHES ROAD	Resident Capacity: 199
City, State: CASTAIC, CA 91310	Total Occupancy: 199
Phone #: (661)257-2342	Target Population: 1.2
	Expiration Date 02/29/2008
 Program Name: LOS ANGELES DRUG TREATMENT CENTER	 Record ID: 190561AP
Legal Name: LOS ANGELES DRUG TREATMENT CENTER, INC.	Service Type: NON
Address: 3211 WEST IMPERIAL HIGHWAY	Resident Capacity: 0
City, State: INGLEWOOD, CA 90303	Total Occupancy: 0
Phone #: (310)419-9616 Fax #: (310)419-9617	Target Population: 1.1
	Expiration Date 03/31/2009
 Program Name: LUNNS HOPE CORPORATION	 Record ID: 190554AP
Legal Name: LUNNS HOPE CORPORATION	Service Type: NON
Address: 959 NORTH LA BREA AVENUE	Resident Capacity: 0
City, State: INGLEWOOD, CA 90302	Total Occupancy: 0
Phone #: (310)644-9030 Fax #: (310)644-6659	Target Population: 1.1
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: MACLAY REHABILITATION CORPORATION, INC.	Record ID: 190338AN
Legal Name: MACLAY REHABILITATION CORPORATION, INC.	Service Type: RES
Address: 13770 SAYRE STREET	Resident Capacity: 28
City, State: SYLMAR, CA 91342	Total Occupancy: 28
Phone #: (818)362-5615 Fax #: (310)473-5508	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: MALIBU HORIZON CORP.	Record ID: 190460AP
Legal Name: MALIBU HORIZON CORP.	Service Type: RES-DETOX
Address: 265 SOUTH WESTLAKE BOULEVARD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (818)879-9018 Fax #: (818)889-4003	Target Population: 1.8
	Expiration Date 12/31/2008
Program Name: ALTERNATIVES	Record ID: 190225AP
Legal Name: MANAGEMENT TEAM NETWORKS, INC.	Service Type: RES
Address: 2530 HYPERION AVENUE	Resident Capacity: 20
City, State: LOS ANGELES, CA 90027	Total Occupancy: 24
Phone #: (323)671-1600	Target Population: 1.8
	Expiration Date 11/30/2008
Program Name: ALTERNATIVES	Record ID: 190225BP
Legal Name: MANAGEMENT TEAM NETWORKS, INC.	Service Type: NON
Address: 2530 HYPERION AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90027	Total Occupancy: 0
Phone #: (323)671-1600 Fax #: (323)671-1605	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: MARSHAK CLINIC, LLC	Record ID: 190562AP
Legal Name: MARSHAK CLINIC, LLC	Service Type: RES-DETOX
Address: 1752 CORRAL CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)317-9790 Fax #: (818)301-2519	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: BIMINI RECOVERY HOME	Record ID: 190008AN
Legal Name: MARY LIND RECOVERY CENTERS	Service Type: RES
Address: 155 SOUTH BIMINI PLACE	Resident Capacity: 86
City, State: LOS ANGELES, CA 90004	Total Occupancy: 86
Phone #: (213)388-5423 Fax #: (213)388-1317	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: ROYAL PALMS RECOVERY HOME	Record ID: 190008BN
Legal Name: MARY LIND RECOVERY CENTERS	Service Type: RES
Address: 360 SOUTH WESTLAKE AVENUE	Resident Capacity: 135
City, State: LOS ANGELES, CA 90057	Total Occupancy: 135
Phone #: (213)483-9201	Target Population: 1.2
	Expiration Date 12/31/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: RENA B. RECOVERY HOME	Record ID: 190008CN
Legal Name: MARY LIND RECOVERY CENTERS	Service Type: RES
Address: 4439, 4445 AND 4455 BURNS AVENUE	Resident Capacity: 100
City, State: LOS ANGELES, CA 90029	Total Occupancy: 100
Phone #: (213)664-8940	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: RENA B. RECOVERY CENTER	Record ID: 190008EN
Legal Name: MARY LIND RECOVERY CENTERS	Service Type: NON
Address: 4445 BURNS AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90029	Total Occupancy: 0
Phone #: (213)382-4241 Fax #: (213)382-0136	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: MATERNITY HOUSE	Record ID: 190475AP
Legal Name: MATERNITY HOUSE, L.L.C.	Service Type: RES
Address: 10300 KURT STREET	Resident Capacity: 6
City, State: LAKE VIEW TERRACE, CA 91342	Total Occupancy: 10
Phone #: (818)943-7777	Target Population: 1.3
	Expiration Date 04/30/2009
Program Name: MATRIX INSTITUTE	Record ID: 190297BN
Legal Name: MATRIX INSTITUTE ON ADDICTION	Service Type: NON
Address: 12304 SANTA MONICA BOULEVARD, SUITE 200	Resident Capacity: 0
City, State: WEST LOS ANGELES, CA 90025	Total Occupancy: 0
Phone #: (310)207-4322 Fax #: (310)207-6511	Target Population: **
	Expiration Date 08/31/2009
Program Name: MATRIX INSTITUTE	Record ID: 190297AN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 19100 VENTURA BOULEVARD, SUITE 5	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)654-2577 Fax #: (818)654-2580	Target Population: **
	Expiration Date 08/31/2009
Program Name: MCINTYRE HOUSE	Record ID: 190420AN
Legal Name: MCINTYRE HOUSE	Service Type: RES
Address: 544 NORTH KENMORE AVENUE	Resident Capacity: 24
City, State: LOS ANGELES, CA 90004	Total Occupancy: 24
Phone #: (323)662-5878 Fax #: (760)635-0965	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: OMNI CENTER (MEN)/CASA DE PAZ (WOMEN)	Record ID: 190035AN
Legal Name: MID VALLEY RECOVERY SERVICES, INC.	Service Type: RES
Address: 3430 COGSWELL ROAD	Resident Capacity: 32
City, State: EL MONTE, CA 91732	Total Occupancy: 32
Phone #: (626)453-3400	Target Population: 1.1
	Expiration Date 02/29/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: MARIPOSA RECOVERY HOME	Record ID: 190035CN
Legal Name: MID VALLEY RECOVERY SERVICES, INC.	Service Type: RES
Address: 453 SOUTH INDIANA STREET	Resident Capacity: 15
City, State: LOS ANGELES, CA 90063	Total Occupancy: 15
Phone #: (323)266-7726	Target Population: 1.4
	Expiration Date 10/31/2008
Program Name: CHOICES PROGRAM	Record ID: 190035GN
Legal Name: MID VALLEY RECOVERY SERVICES, INC.	Service Type: NON
Address: 3430 COGSWELL ROAD # 4	Resident Capacity: 0
City, State: EL MONTE, CA 91734	Total Occupancy: 0
Phone #: (626)453-3414	Target Population: 1.1
Fax #: (626)453-3415	Expiration Date 03/31/2009
Program Name: C.O.U.R.T. PROGRAM	Record ID: 190035HN
Legal Name: MID VALLEY RECOVERY SERVICES, INC.	Service Type: NON
Address: 4610 SANTA ANITA AVENUE	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)456-8330	Target Population: 1.1
Fax #: (626)456-8331	Expiration Date 03/31/2009
Program Name: MIRACLE STAR REHABILITATION CENTER	Record ID: 190214AN
Legal Name: MIRACLE STAR WOMEN'S RECOVERING COMMUNITY	Service Type: RES
Address: 44664 NORTH CEDAR AVENUE	Resident Capacity: 12
City, State: LANCASTER, CA 93534	Total Occupancy: 12
Phone #: (661)726-7177	Target Population: 1.2
Fax #: (661)940-4916	Expiration Date 06/30/2009
Program Name: MJB RECOVERY, INC.	Record ID: 190288BN
Legal Name: MJB TRANSITIONAL RECOVERY, INC.	Service Type: NON
Address: 11152 SOUTH MAIN STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (323)777-2491	Target Population: 1.1
Fax #: (323)777-0426	Expiration Date 10/31/2009
Program Name: ON THE RIGHT ROAD TO RECOVERY	Record ID: 190208AN
Legal Name: MOTHERS OF MINORS LEGAL AID PROCEDURES CORPORATION	Service Type: RES
Address: 4807 SOUTH NORMANDIE AVENUE	Resident Capacity: 70
City, State: LOS ANGELES, CA 90037	Total Occupancy: 70
Phone #: (323)299-4695	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: SUMMIT CENTERS	Record ID: 190433BP
Legal Name: MRTC, INC.	Service Type: RES
Address: 1821-A LATIGO CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)924-1435	Target Population: 1.1
Fax #: (310)919-1818	Expiration Date 03/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: SUMMIT CENTERS	Record ID: 190433CP
Legal Name: MRTC, INC.	Service Type: RES
Address: 1821-B LATIGO CANYON ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)924-1435 Fax #: (310)919-1818	Target Population: 1.1
	Expiration Date 03/31/2008
 Program Name: SUMMIT CENTERS--MALIBU	 Record ID: 190433AP
Legal Name: MRTC, INC.	Service Type: RES-DETOX
Address: 31544 ANACAPA VIEW DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-0505 Fax #: (310)589-8866	Target Population: 1.1
	Expiration Date 04/30/2008
 Program Name: N & N AD COUNSELING SERVICES, INC.	 Record ID: 190443AN
Legal Name: N & N AD COUNSELING SERVICES, INC.	Service Type: NON
Address: 239 EAST ALAMEDA AVENUE, UNIT 101 AND 102	Resident Capacity: 0
City, State: BURBANK, CA 91502	Total Occupancy: 0
Phone #: (818)848-4849	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA	 Record ID: 190241CN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE OF EA	Service Type: NON
Address: 4626 NORTH GRAND AVENUE	Resident Capacity: 0
City, State: COVINA, CA 91724	Total Occupancy: 0
Phone #: (626)331-5316 Fax #: (626)332-2219	Target Population: 1.1
	Expiration Date 03/31/2008
 Program Name: NCADD-LB/WOMAN TO WOMAN OUTPATIENT SERVICES/POSITIVE C	 Record ID: 190178DN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - L	Service Type: NON
Address: 3750 LONG BEACH BOULEVARD	Resident Capacity: 0
City, State: LONG BEACH, CA 90807	Total Occupancy: 0
Phone #: (562)426-8262 Fax #: (562)426-5283	Target Population: 1.4
	Expiration Date 08/31/2009
 Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	 Record ID: 190241BN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 160 EAST HOLT AVENUE, UNIT A	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)629-4084 Fax #: (909)629-4086	Target Population: 1.10
	Expiration Date 07/31/2008
 Program Name: TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	 Record ID: 190049AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type: NON
Address: 6640 VAN NUYS BOULEVARD, SUITE C	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)997-0414 Fax #: (818)997-0851	Target Population: 1.5
	Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name:	TEENAGE ALCOHOL AND DRUG PROGRAM/ADULT ALCOHOL AND D	Record ID:	190049BN
Legal Name:	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Service Type:	NON
Address:	20655 SOLEDAD CANYON ROAD, SUITE 16	Resident Capacity:	0
City, State:	CANYON COUNTRY, CA 91351	Total Occupancy:	0
Phone #:	(661)299-2888	Target Population:	1.1
Fax #:	() -	Expiration Date	02/28/2009
Program Name:	WOMEN TO WOMEN RESIDENTIAL PROGRAM	Record ID:	190178AN
Legal Name:	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE- L	Service Type:	RES
Address:	836 ATLANTIC AVENUE	Resident Capacity:	19
City, State:	LONG BEACH, CA 90813	Total Occupancy:	24
Phone #:	(562)426-8262	Target Population:	1.4
Fax #:	(562)426-5283	Expiration Date	03/31/2009
Program Name:	LONG BEACH REGIONAL DRUG COURT PROGRAM	Record ID:	190178CN
Legal Name:	NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-LC	Service Type:	NON
Address:	830 ATLANTIC AVENUE	Resident Capacity:	0
City, State:	LONG BEACH, CA 90813	Total Occupancy:	0
Phone #:	(562)624-9757	Target Population:	1.1
		Expiration Date	05/31/2009
Program Name:	NATIONAL OUTPATIENT DRUG AND ALCOHOL REHABILITATION CE	Record ID:	190388AP
Legal Name:	NATIONAL HEALTH CARE CENTERS, INC.	Service Type:	NON
Address:	11251 NATIONAL BOULEVARD	Resident Capacity:	0
City, State:	LOS ANGELES, CA 90064	Total Occupancy:	0
Phone #:	(310)943-5400	Target Population:	1.1
Fax #:	(310)943-5410	Expiration Date	04/30/2007
Program Name:	NEW BEGINNING TREATMENT CENTER OUTPATIENT	Record ID:	190456AP
Legal Name:	NEW BEGINNING TREATMENT CENTER OUTPATIENT	Service Type:	NON
Address:	22030 SHERMAN WAY, SUITE 115	Resident Capacity:	0
City, State:	CANOGA PARK, CA 91303	Total Occupancy:	0
Phone #:	(818)340-0230	Target Population:	1.1
Fax #:	(818)340-0228	Expiration Date	10/31/2008
Program Name:	NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Record ID:	190337AN
Legal Name:	NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Service Type:	NON
Address:	5309 - 5311 SOUTH WESTERN AVENUE	Resident Capacity:	0
City, State:	LOS ANGELES, CA 90062	Total Occupancy:	0
Phone #:	(213)595-3450	Target Population:	1.1
		Expiration Date	12/31/2007
Program Name:	NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Record ID:	190337BN
Legal Name:	NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Service Type:	NON
Address:	1137 WEST 6TH STREET	Resident Capacity:	0
City, State:	LOS ANGELES, CA 90017	Total Occupancy:	0
Phone #:	(213)250-1005	Target Population:	1.8
Fax #:	(213)250-1006	Expiration Date	01/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER - POMONA	Record ID: 190337CN
Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Service Type: NON
Address: 1129A NORTH GAREY AVENUE	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (323)299-2111 Fax #: (323)299-2525	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER - HOLLYWOOD	Record ID: 190337DN
Legal Name: NEW BEGINNINGS RECOVERY TREATMENT CENTER, INC.	Service Type: NON
Address: 7514 SUNSET BOULEVARD	Resident Capacity: 0
City, State: HOLLYWOOD, CA 90046	Total Occupancy: 0
Phone #: (323)845-9850 Fax #: (323)845-9860	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: NEW DIRECTIONS WOMEN'S PROGRAM	Record ID: 190209BN
Legal Name: NEW DIRECTIONS, INC.	Service Type: RES
Address: 12536 MITCHELL AVENUE	Resident Capacity: 8
City, State: LOS ANGELES, CA 90066	Total Occupancy: 8
Phone #: (310)398-0191 Fax #: (310)398-0191	Target Population: 1.3
	Expiration Date 09/30/2008
Program Name: NEW DIRECTIONS	Record ID: 190209AN
Legal Name: NEW DIRECTIONS, INC.	Service Type: RES-DETOX
Address: 11303 WILSHIRE BLVD, BLDG 257 AND 11303 WILSHIRE BLVD, B	Resident Capacity: 199
City, State: LOS ANGELES, CA 90073	Total Occupancy: 199
Phone #: (310)914-4045	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: NEW FOUND LIFE	Record ID: 190184AP
Legal Name: NEW FOUND LIFE, INC.	Service Type: RES
Address: 2211 AND 2137 EAST OCEAN BOULEVARD	Resident Capacity: 23
City, State: LONG BEACH, CA 90803	Total Occupancy: 23
Phone #: (562)434-4060	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM	Record ID: 190504AN
Legal Name: NEW HOPE DRUG AND ALCOHOL TREATMENT PROGRAM, INC.	Service Type: NON
Address: 8443 CRENSHAW BOULEVARD, #107 A/B	Resident Capacity: 0
City, State: INGLEWOOD, CA 90305	Total Occupancy: 0
Phone #: (310)672-1620 Fax #: (310)672-1415	Target Population: 1.5
	Expiration Date 02/29/2008
Program Name: NEW MILLENNIUM COUNSELING SERVICES, INC.	Record ID: 190345AP
Legal Name: NEW MILLENNIUM COUNSELING SERVICES, INC.	Service Type: NON
Address: 7868 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (805)217-7824	Target Population: 1.1
	Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: NEW PERCEPTIONS	Record ID: 190416AP
Legal Name: NEW PERCEPTIONS DRUG AND ALCOHOL PROGRAM	Service Type: RES-DETOX
Address: 17813 MALDEN STREET	Resident Capacity: 6
City, State: NORTHRIDGE, CA 91325	Total Occupancy: 12
Phone #: (818)885-9596 Fax #: (818)885-9595	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: CLEAR PATH (COUNSELING CENTER)	Record ID: 190461AN
Legal Name: NEW RESOURCE INSTITUTE	Service Type: NON
Address: 1315 NORTH BULLIS ROAD, SUITE 8	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)635-8822 Fax #: (310)635-8828	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: VICTORY HOUSE/AWARE PROGRAM	Record ID: 190058AN
Legal Name: NEW WAY FOUNDATION, INC.	Service Type: RES
Address: 207 NORTH VICTORY BOULEVARD	Resident Capacity: 50
City, State: BURBANK, CA 91502	Total Occupancy: 50
Phone #: (818)842-9416	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: NEW WAY AWARE RECOVERY PROGRAM	Record ID: 190058BN
Legal Name: NEW WAY FOUNDATION, INC.	Service Type: NON
Address: 844 NORTH HOLLYWOOD WAY	Resident Capacity: 0
City, State: BURBANK, CA 91505	Total Occupancy: 0
Phone #: (818)842-9446 Fax #: (818)848-0130	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: NOBLE HEART SERVICES	Record ID: 190437AN
Legal Name: NOBLE HEART SERVICES, INC.	Service Type: NON
Address: 16610 CRENSHAW BOULEVARD	Resident Capacity: 0
City, State: TORRANCE, CA 90504	Total Occupancy: 0
Phone #: (310)856-0406 Fax #: (310)856-0408	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: COMMUNITY PREVENTION RECOVERY PROGRAM	Record ID: 190038CN
Legal Name: NORTHEAST VALLEY HEALTH CORPORATION	Service Type: NON
Address: 1161 NORTH MACLAY AVENUE, UNIT B	Resident Capacity: 0
City, State: SAN FERNANDO, CA 91340	Total Occupancy: 0
Phone #: (818)361-1211 Fax #: (818)361-0824	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: OASIS WOMEN'S RECOVERING COMMUNITY	Record ID: 190155BN
Legal Name: OASIS WOMEN'S RECOVERING COMMUNITY	Service Type: RES
Address: 13832 POLK STREET	Resident Capacity: 16
City, State: SYLMAR, CA 91342	Total Occupancy: 16
Phone #: (818)362-0986	Target Population: 1.3
	Expiration Date 08/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: OKULI COUNSELING SERVICES	Record ID: 190520AN
Legal Name: OKULI EAGLE'S NEST FOUNDATION, INC.	Service Type: NON
Address: 1315 NORTH BULLIS ROAD, SUITE 12	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)609-2303	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: OPEN ARMS MEN'S CENTER	Record ID: 190518AN
Legal Name: OPEN ARMS MEN'S CENTER, INC.	Service Type: NON
Address: 11502 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (213)422-6622	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ALY-F COUNSELING AND TREATMENT SERVICES	Record ID: 190498AN
Legal Name: OUR HOMES BY ANITA, INC.	Service Type: NON
Address: 5260 SOUTH FIGUEROA STREET, SUITES 102 AND 114	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (323)233-3888 Fax #: (323)233-3773	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: OUTREACH HEALTH SERVICES, INC.	Record ID: 190446AN
Legal Name: OUTREACH HEALTH SERVICES, INC.	Service Type: NON
Address: 431 WEST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90220	Total Occupancy: 0
Phone #: (310)603-5353 Fax #: (310)603-0098	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE	Record ID: 190254EN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 70 NORTH HUDSON AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91101	Total Occupancy: 0
Phone #: (626)795-8471 Fax #: (626)449-4925	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE	Record ID: 190254MN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 66 HURLBUT	Resident Capacity: 0
City, State: PASADENA, CA 91105	Total Occupancy: 0
Phone #: (626)441-4221	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE	Record ID: 190254NN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 790 EAST BONITA AVENUE	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)626-7207 Fax #: (909)626-1524	Target Population: 1.5
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254JN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 1172 SOUTH GRAND AVENUE	Resident Capacity: 0
City, State: GLENDORA, CA 91740	Total Occupancy: 0
Phone #: (626)335-5980 Fax #: (626)335-5989	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254LN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 9353 EAST VALLEY BOULEVARD	Resident Capacity: 0
City, State: ROSEMEAD, CA 91770	Total Occupancy: 0
Phone #: (626)287-2988 Fax #: (626)287-1937	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254GN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 1020 SOUTH ARROYO PARKWAY	Resident Capacity: 0
City, State: PASADENA, CA 91105	Total Occupancy: 0
Phone #: (626)403-2794 Fax #: (626)403-4898	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254HN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 902 SOUTH MYRTLE AVENUE	Resident Capacity: 0
City, State: MONROVIA, CA 91016	Total Occupancy: 0
Phone #: (626)303-1541 Fax #: (626)599-9928	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254IN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 2550 FOOTHILL BOULEVARD	Resident Capacity: 0
City, State: PASADENA, CA 91107	Total Occupancy: 0
Phone #: (626)744-5230 Fax #: (626)744-5242	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: SHARPER FUTURE LONG BEACH RESIDENTIAL	Record ID: 190431AP
Legal Name: PACIFIC FORENSIC PSYCHOLOGY ASSOCIATES, INC.	Service Type: RES
Address: 834 PACIFIC AVENUE	Resident Capacity: 37
City, State: LONG BEACH, CA 90813	Total Occupancy: 37
Phone #: (562)495-3404 Fax #: (213)738-5368	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 190254KN
Legal Name: PACIFICS CLINICS	Service Type: NON
Address: 11721 A TELEGRAPH ROAD	Resident Capacity: 0
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 0
Phone #: (562)949-8455 Fax #: (562)949-4807	Target Population: 1.1
	Expiration Date 08/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: PALM HOUSE RECOVERY HOME	Record ID: 190040AN
Legal Name: PALM HOUSE, INCORPORATED	Service Type: RES
Address: 2515 EAST JEFFERSON STREET	Resident Capacity: 18
City, State: CARSON, CA 90810	Total Occupancy: 18
Phone #: (310)830-7803	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: PASADENA COUNCIL ON ALCOHOLISM & DRUG DEPENDENCY	Record ID: 190356AN
Legal Name: PASADENA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCY	Service Type: NON
Address: 1245 EAST WALNUT STREET, SUITES 101, 103, 107, 109, 115, 117, A	Resident Capacity: 0
City, State: PASADENA, CA 91106	Total Occupancy: 0
Phone #: (626)795-9127 Fax #: (626)795-0979	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: PASADENA RECOVERY CENTER	Record ID: 190250AP
Legal Name: PASADENA RECOVERY CENTER, INC.	Service Type: RES
Address: 1811 NORTH RAYMOND AVENUE	Resident Capacity: 88
City, State: PASADENA, CA 91103	Total Occupancy: 98
Phone #: (626)345-9992 Fax #: (626)345-9995	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: PASADENA RECOVERY CENTER	Record ID: 190250BP
Legal Name: PASADENA RECOVERY CENTER, INC.	Service Type: NON
Address: 1811 NORTH RAYMOND AVENUE	Resident Capacity: 0
City, State: PASADENA, CA 91103	Total Occupancy: 0
Phone #: (626)345-9992	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PATHWAYS TO LIFE	Record ID: 190550AN
Legal Name: PATHWAYS TO LIFE	Service Type: NON
Address: 1125 CHERRY AVENUE, SUITE A	Resident Capacity: 0
City, State: LONG BEACH, CA 90813	Total Occupancy: 0
Phone #: (562)256-1388 Fax #: (562)256-1635	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: AMERICA UNITED CARES	Record ID: 190452IN
Legal Name: PATRICIA A. MOORE	Service Type: NON
Address: 1541 WEST 110TH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (310)200-5569 Fax #: (323)549-4650	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: PAZ COUNSELING SERVICES, INC.	Record ID: 190556AP
Legal Name: PAZ COUNSELING SERVICES, INC.	Service Type: NON
Address: 541 WEST COLORADO STREET, #103	Resident Capacity: 0
City, State: GLENDALE, CA 91204	Total Occupancy: 0
Phone #: (818)640-3100 Fax #: (818)953-7208	Target Population: 1.1
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - WEST	Record ID: 190013AN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: RES
Address: 1319 SOUTH MANHATTAN PLACE	Resident Capacity: 64
City, State: LOS ANGELES, CA 90019	Total Occupancy: 64
Phone #: (323)735-7059	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM - EAST	Record ID: 190013CN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: RES
Address: 4771 SOUTH MAIN STREET	Resident Capacity: 61
City, State: LOS ANGELES, CA 90037	Total Occupancy: 61
Phone #: (323)735-7059	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: CASTLE SUBSTANCE ABUSE PROGRAM-OUTPATIENT	Record ID: 190013BN
Legal Name: PEOPLE COORDINATED SERVICES OF SOUTHERN CALIFORNIA	Service Type: NON
Address: 3021 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (323)732-9124	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: SAN FERNANDO VALLEY ALCOHOL & DRUG REHABILITATION COM	Record ID: 190043DN
Legal Name: PEOPLE IN PROGRESS, INCORPORATED	Service Type: RES
Address: 8140 SUNLAND BOULEVARD	Resident Capacity: 88
City, State: SUN VALLEY, CA 91352	Total Occupancy: 91
Phone #: (818)768-7494	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: PEOPLE IN PROGRESS, INC.	Record ID: 190043EN
Legal Name: PEOPLE IN PROGRESS, INCORPORATED	Service Type: RES
Address: 1636 WEST EIGHTH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90017	Total Occupancy: 0
Phone #: (213)388-0818	Target Population: 1.1
Program Name: NEW DIRECTIONS	Record ID: 190253AN
Legal Name: PERLA, RICHARD J.	Service Type: NON
Address: 12287-B LA MIRADA BOULEVARD	Resident Capacity: 0
City, State: LA MIRADA, CA 90638	Total Occupancy: 0
Phone #: (562)944-3735 Fax #: (562)944-5573	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: PHOENIX HOUSES OF CALIFORNIA	Record ID: 190232BN
Legal Name: PHOENIX HOUSES OF CALIFORNIA, INC.	Service Type: RES
Address: 11015 BLOOMFIELD AVENUE	Resident Capacity: 60
City, State: SANTA FE SPRINGS, CA 90670	Total Occupancy: 60
Phone #: (562)941-8042	Target Population: 1.4
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: PHOENIX HOUSES OF CALIFORNIA Legal Name: PHOENIX HOUSES OF CALIFORNIA, INC. Address: 345 WEST FOOTHILL BOULEVARD City, State: MONROVIA, CA 91016 Phone #: (626)357-8612 Fax #: (626)357-6862	Record ID: 190232AN Service Type: RES Resident Capacity: 31 Total Occupancy: 31 Target Population: 1.4 Expiration Date 09/30/2007
Program Name: PHOENIX HOUSE - VENICE Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 503 OCEAN FRONT WALK City, State: VENICE, CA 90291 Phone #: (310)392-3070	Record ID: 190115AN Service Type: RES Resident Capacity: 53 Total Occupancy: 53 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: PHOENIX HOUSE: OUTPATIENT SERVICES Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 503 OCEAN FRONT WALK City, State: VENICE, CA 90291 Phone #: (310)392-3070 Fax #: (310)392-9068	Record ID: 190115CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: PHOENIX HOUSES OF LOS ANGELES Legal Name: PHOENIX HOUSES OF LOS ANGELES, INC. Address: 11600 ELDRIDGE AVENUE City, State: LAKE VIEW TERRACE, CA 91342 Phone #: (818)686-3171	Record ID: 190115BN Service Type: DSS Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: CLEAN AND FREE CORPORATION Legal Name: POM-POM'S CASTLE Address: 5135 SOUTH WESTERN AVENUE City, State: LOS ANGELES, CA 90062 Phone #: (323)202-8432	Record ID: 190329AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2008
Program Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC. Legal Name: POMONA ALCOHOL & DRUG RECOVERY CENTER, INC. Address: 558 NORTH TOWNE AVENUE City, State: POMONA, CA 91767 Phone #: (909)622-2273	Record ID: 190234AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 12/31/2008
Program Name: POMONA COMMUNITY CRISIS CENTER Legal Name: POMONA COMMUNITY CRISIS CENTER Address: 232, 240, AND 248 EAST MONTEREY AVENUE City, State: POMONA, CA 91767 Phone #: (909)623-1588 Fax #: (909)629-2470	Record ID: 190409AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: POSITIVE STEPS, INC. Legal Name: POSITIVE STEPS, INC. Address: 5230 NORTH CLARK AVENUE, SUITE 18 City, State: LAKEWOOD, CA 90712 Phone #: (562)804-2700 Fax #: (562)496-2104	Record ID: 190289AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009
Program Name: PRIDE HEALTH SERVICES Legal Name: PRIDE HEALTH SERVICES Address: 8619 SOUTH CRENSHAW BOULEVARD City, State: INGLEWOOD, CA 90305 Phone #: (310)677-9019	Record ID: 190212AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 01/31/2008
Program Name: PRIDE HEALTH SERVICES--VERMONT CENTER Legal Name: PRIDE HEALTH SERVICES Address: 8904 SOUTH VERMONT AVENUE City, State: LOS ANGELES, CA 90044 Phone #: (323)753-5950 Fax #: (323)753-6020	Record ID: 190212BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 11/30/2008
Program Name: IMPACT DRUG AND ALCOHOL TREATMENT CENTER Legal Name: PRINCIPLES, INC. Address: 1680 NORTH FAIR OAKS AVENUE AND 38 PENN STREET City, State: PASADENA, CA 91103 Phone #: (626)798-0884	Record ID: 190094AN Service Type: RES Resident Capacity: 135 Total Occupancy: 135 Target Population: 1.1 Expiration Date 10/31/2007
Program Name: IMPACT TRANSITIONAL LIVING FACILITY Legal Name: PRINCIPLES, INC. Address: 2659 AND 2661 NINA STREET City, State: PASADENA, CA 91107 Phone #: (626)798-0884	Record ID: 190094CN Service Type: RES Resident Capacity: 21 Total Occupancy: 21 Target Population: 1.3 Expiration Date 10/31/2007
Program Name: PRINCIPLES, INC., D.B.A. IMPACT Legal Name: PRINCIPLES, INC. Address: 1137 WILSHIRE BOULEVARD City, State: LOS ANGELES, CA 90017 Phone #: (213)580-1403 Fax #: (213)577-4250	Record ID: 190094HN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: IMPACT OUTPATIENT/AFTERCARE PROGRAM Legal Name: PRINCIPLES, INC. Address: 2623 FOOTHILL BOULEVARD, SUITE 104 City, State: PASADENA, CA 91107 Phone #: (626)798-0884 Fax #: (626)798-6970	Record ID: 190094GN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: PROMAL2, INC. DBA PROMISES TREATMENT CENTERS II	Record ID: 190074GP
Legal Name: PROMAL2, INC.	Service Type: RES-DETOX
Address: 20723 ROCKCROFT DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)390-2340	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: PROMAL4, INC. DBA PROMISES TREATMENT CENTERS IV	Record ID: 190074LP
Legal Name: PROMAL4, INC. DBA PROMISES TREATMENT CENTERS IV	Service Type: RES-DETOX
Address: 20729 ROCKCROFT DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)390-2340 Fax #: (310)391-6434	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: PROTOTYPES WOMEN'S CENTER	Record ID: 190101AN
Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HE	Service Type: RES
Address: 831 EAST ARROW HIGHWAY (EAST WING) AND 845 EAST ARROV	Resident Capacity: 143
City, State: POMONA, CA 91767	Total Occupancy: 233
Phone #: (909)624-1233	Target Population: 1.4
	Expiration Date 07/31/2008
Program Name: PROTOTYPES OUTPATIENT SERVICES	Record ID: 190101CN
Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HE	Service Type: NON
Address: 831 EAST ARROW HIGHWAY, WEST WING	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)398-4383 Fax #: (909)398-4383	Target Population: 1.13
	Expiration Date 01/31/2008
Program Name: PROTOTYPES S.T.A.R. HOUSE/DOMESTIC VIOLENCE PROGRAM	Record ID: 190101DN
Legal Name: PROTOTYPES, CENTERS FOR INNOVATION IN HEALTH, MENTAL HE.	Service Type: RES
Address: 5601 WEST SLAUSON, SUITE 200	Resident Capacity: 26
City, State: CULVER CITY, CA 90230	Total Occupancy: 26
Phone #: (310)641-7795 Fax #: (310)649-4347	Target Population: 1.3
	Expiration Date 02/28/2009
Program Name: R.A.P. COMMUNITY RECOVERY SERVICES	Record ID: 190266AN
Legal Name: R.A.P. COMMUNITY RECOVERY SERVICES	Service Type: NON
Address: 2055 NORTH GAREY, SUITE 2	Resident Capacity: 0
City, State: POMONA, CA 91767	Total Occupancy: 0
Phone #: (909)596-5335	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: R.I.G.H.T. PROGRAM	Record ID: 190513AP
Legal Name: R.I.G.H.T. PROGRAM	Service Type: NON
Address: 1704 WEST MANCHESTER AVENUE, SUITE 103	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)751-4778 Fax #: (323)295-7703	Target Population: 1.1
	Expiration Date 01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: REAL RECOVERY, INC.	Record ID: 190468AP
Legal Name: REAL RECOVERY, INC.	Service Type: NON
Address: 30101 AGOURA COURT, SUITE # 118	Resident Capacity: 0
City, State: AGOURA HILLS, CA 91301	Total Occupancy: 0
Phone #: (818)889-1470 Fax #: (818)889-8062	Target Population: 1.8
	Expiration Date 03/31/2009
 Program Name: REMAH HEALTH SERVICES	 Record ID: 190515AN
Legal Name: REMAH HEALTH SERVICES, INC.	Service Type: NON
Address: 8929 SOUTH SEPULVEDA BLVD. #401	Resident Capacity: 0
City, State: LOS ANGELES, CA 90045	Total Occupancy: 0
Phone #: (310)670-0911	Target Population: 1.1
	Expiration Date 05/31/2008
 Program Name: THE RENAISSANCE BEACH HOUSE	 Record ID: 190392BP
Legal Name: RENAISSANCE RECOVERY SERVICES, LLC	Service Type: RES-DETOX
Address: 11852 PACIFIC COAST HIGHWAY	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-8500 Fax #: (310)589-8599	Target Population: 1.1
	Expiration Date 11/30/2008
 Program Name: THE RENAISSANCE	 Record ID: 190392AP
Legal Name: RENAISSANCE RECOVERY SERVICES, LLC	Service Type: RES-DETOX
Address: 30553 MORNING VIEW DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)589-8500 Fax #: (310)589-5659	Target Population: 1.1
	Expiration Date 06/30/2009
 Program Name: RENEW INTEGRATED PROGRAM-2, INC.	 Record ID: 190484BP
Legal Name: RENEW INTEGRATED PROGRAM-2, INC.	Service Type: NON
Address: 4000 LONG BEACH BOULEVARD, SUITE 228	Resident Capacity: 0
City, State: LONG BEACH, CA 90807	Total Occupancy: 0
Phone #: (562)637-3143 Fax #: (562)637-3244	Target Population: 1.1
	Expiration Date 02/29/2008
 Program Name: STORK CLUB - OPTIONS FOR RECOVERY AT HARBOR UCLA RESEAR	 Record ID: 190351AN
Legal Name: RESEARCH AND EDUCATION INSTITUTE AT HARBOR UCLA MEDICA	Service Type: NON
Address: 1124 WEST CARSON STREET, BUILDING N-33	Resident Capacity: 0
City, State: TORRANCE, CA 90502	Total Occupancy: 0
Phone #: (310)222-5410 Fax #: (310)787-7742	Target Population: 1.3
	Expiration Date 08/31/2008
 Program Name: NOW & FOREVER FOUNDATION	 Record ID: 190324AP
Legal Name: RESEDA SUBSTANCE ABUSE TREATMENT CENTER, INC.	Service Type: NON
Address: 8745 PARTHENIA PLACE, UNIT 4	Resident Capacity: 0
City, State: NORTH HILLS, CA 91343	Total Occupancy: 0
Phone #: (818)895-5002 Fax #: (818)895-5502	Target Population: 1.1
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: RICKMAN RECOVERY CENTERS Legal Name: RICKMAN RECOVERY CENTER Address: 1274 EAST CENTER COURT, SUITE 112 City, State: COVINA, CA 91724 Phone #: (626)962-3203	Record ID: 190062BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: SADDLE GROUP, INC. Legal Name: SADDLE GROUP, INC. Address: 3060 LONG BEACH BOULEVARD City, State: LONG BEACH, CA 90807 Phone #: (562)427-2323	Record ID: 190310AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: SAN MARTIN DE PORRES COUNSELING CENTER Legal Name: SAN MARTIN DE PORRES COUNSELING CENTER, INC. Address: 8621 BELLANCA AVENUE #215 City, State: LOS ANGELES, CA 90045 Phone #: (310)641-1633 Fax #: (310)216-7524	Record ID: 190440AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 08/31/2008
Program Name: SANTA ANITA FAMILY SERVICE Legal Name: SANTA ANITA FAMILY SERVICE Address: 121 SOUTH SANTA ANITA STREET City, State: SAN GABRIEL, CA 91776 Phone #: (626)350-4400 Fax #: (626)350-4499	Record ID: 190301CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009
Program Name: SANTA ANITA FAMILY SERVICE Legal Name: SANTA ANITA FAMILY SERVICE Address: 716 NORTH CITRUS AVENUE City, State: COVINA, CA 91723 Phone #: (626)966-1755 Fax #: (626)859-0999	Record ID: 190301BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: SANTA ANITA FAMILY SERVICE Legal Name: SANTA ANITA FAMILY SERVICE Address: 605 SOUTH MYRTLE AVENUE City, State: MONROVIA, CA 91016 Phone #: (626)359-9358 Fax #: (626)358-7647	Record ID: 190301AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2007
Program Name: KHEPER LIFE ENRICHMENT INSTITUTE Legal Name: SAY "YES" TO LIFE, INC. Address: 3406 WEST 75TH STREET City, State: LOS ANGELES, CA 90043 Phone #: (323)750-7550 Fax #: (323)750-7540	Record ID: 190333AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: SBAR2, INC. DBA PROMISES TREATMENT CENTERS III	Record ID: 190074BP
Legal Name: SBAR2, INC.	Service Type: RES-DETOX
Address: 3743 SOUTH BARRINGTON AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90066	Total Occupancy: 6
Phone #: (310)390-2340	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: SEEKING PEACEFUL SOLUTIONS, INC.	Record ID: 190547AN
Legal Name: SEEKING PEACEFUL SOLUTIONS, INC.	Service Type: NON
Address: 8724 SOUTH VERMONT AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90044	Total Occupancy: 0
Phone #: (323)753-1314 Fax #: (323)753-6619	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: SEPULVEDA REHABILITATION CENTER	Record ID: 190499AP
Legal Name: SEPULVEDA REHABILITATION CENTER	Service Type: NON
Address: 7633 VAN NUYS BOULEVARD	Resident Capacity: 0
City, State: PANORAMA CITY, CA 91405	Total Occupancy: 0
Phone #: (818)782-7288	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: SHARE UNIT	Record ID: 190256AN
Legal Name: SHARE OXFORD FOUNDATION	Service Type: RES
Address: 1628 NORTH OXFORD AVENUE	Resident Capacity: 26
City, State: PASADENA, CA 91104	Total Occupancy: 26
Phone #: (626)797-8377 Fax #: (626)398-0673	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: THE RIVER COMMUNITY	Record ID: 190081AN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: RES
Address: 23701 EAST FORK ROAD	Resident Capacity: 38
City, State: AZUSA, CA 91702	Total Occupancy: 38
Phone #: (626)910-1202	Target Population: 1.8
	Expiration Date 03/31/2008
Program Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Record ID: 190081DN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 248 EAST ROWLAND STREET	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)332-3145 Fax #: (626)974-4164	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: RIVER COMMUNITY DAY TREATMENT	Record ID: 190081BN
Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC.	Service Type: NON
Address: 510 SOUTH SECOND AVENUE, SUITE 6 AND 7	Resident Capacity: 0
City, State: COVINA, CA 91723	Total Occupancy: 0
Phone #: (626)974-8122	Target Population: 1.1
	Expiration Date 10/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: FLOSSIE LEWIS RECOVERY CENTER	Record ID: 190020CN
Legal Name: SOUTH BAY ALCOHOLISM SERVICES	Service Type: RES
Address: 341 EAST SIXTH STREET, APARTMENTS 3 & 4	Resident Capacity: 12
City, State: LONG BEACH, CA 90802	Total Occupancy: 12
Phone #: (562)435-7350 Fax #: (562)432-4532	Target Population: 1.3
	Expiration Date 07/31/2008
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF	Record ID: 190020GN
Legal Name: SOUTH BAY ALCOHOLISM SERVICES	Service Type: NON
Address: 1334 POST AVENUE	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)328-1460 Fax #: (310)328-1964	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: FLOSSIE LEWIS RECOVERY CENTER	Record ID: 190020DN
Legal Name: SOUTH BAY ALCOHOLISM SERVICES	Service Type: RES
Address: 351 EAST SIXTH STREET	Resident Capacity: 5
City, State: LONG BEACH, CA 90802	Total Occupancy: 5
Phone #: (562)435-7350 Fax #: (562)432-4532	Target Population: 1.3
	Expiration Date 07/31/2008
Program Name: FLOSSIE LEWIS/NEW LIFE CENTER	Record ID: 190020FN
Legal Name: SOUTH BAY ALCOHOLISM SERVICES	Service Type: RES
Address: 615 ELM AVENUE	Resident Capacity: 6
City, State: LONG BEACH, CA 90802	Total Occupancy: 6
Phone #: (562)435-7350	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: SOUTH BAY HUMAN SERVICES	Record ID: 190268AN
Legal Name: SOUTH BAY HUMAN SERVICES COALITION, INC.	Service Type: NON
Address: 2370 WEST CARSON STREET, SUITE 136	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)328-0780 Fax #: (310)328-0175	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS/PARAMC	Record ID: 190011AGN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 8022 SOMERSET AVENUE	Resident Capacity: 0
City, State: PARAMOUNT, CA 90273	Total Occupancy: 0
Phone #: (562)272-4004 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011ON
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10615 DOWNEY AVENUE	Resident Capacity: 10
City, State: DOWNEY, CA 90241	Total Occupancy: 10
Phone #: (562)622-2268 Fax #: (562)861-6517	Target Population: 1.4
	Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: AWAKENINGS	Record ID: 190011NN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 4	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: AWAKENINGS	Record ID: 190011MN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 3	Resident Capacity: 4
City, State: WHITTIER, CA 90604	Total Occupancy: 4
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011PN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10621 DOWNEY AVENUE	Resident Capacity: 10
City, State: DOWNEY, CA 90241	Total Occupancy: 10
Phone #: (562)622-2268 Fax #: (562)861-6517	Target Population: 1.4
	Expiration Date 03/31/2008
Program Name: ANGEL STEP TOO	Record ID: 190011VN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: SEE BELOW IN THE COMMENT SECTION.	Resident Capacity: 50
City, State: BELLFLOWER, CA 90706	Total Occupancy: 50
Phone #: (562)461-9272	Target Population: 1.4
	Expiration Date 11/30/2007
Program Name: CASE LIBRE - OUTPATIENT FAMILY CENTER	Record ID: 190011IN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 6635 FLORENCE AVENUE, SUITE 101	Resident Capacity: 0
City, State: BELL GARDENS, CA 90201	Total Occupancy: 0
Phone #: (562)927-1656 Fax #: (562)927-4346	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: DRUG COURT	Record ID: 190011AEN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 7346 PAINTER AVENUE	Resident Capacity: 0
City, State: WHITTIER, CA 90602	Total Occupancy: 0
Phone #: (562)862-9766 Fax #: (562)862-5137	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: AWAKENINGS	Record ID: 190011LN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 2	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: AWAKENINGS	Record ID: 190011KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 12322 CLEARGLLEN, APARTMENT 1	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)947-3835	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: BABY STEP INN	Record ID: 190011JN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 1755 FREEMAN AVENUE, APARTMENTS 1, 2, 3, AND 4	Resident Capacity: 16
City, State: LONG BEACH, CA 90804	Total Occupancy: 24
Phone #: (562)923-4545	Target Population: 1.4
	Expiration Date 12/31/2007
Program Name: C.I.D.E.R. HOUSE	Record ID: 190011HN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES-DETOX
Address: 11401 BLOOMFIELD AVENUE, BUILDINGS 209, AND 313	Resident Capacity: 100
City, State: NORWALK, CA 90650	Total Occupancy: 100
Phone #: (562)864-7724 Fax #: (562)868-5374	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: BUD AND MARCIE MCDONALD HOUSE	Record ID: 190011GN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 9608 REGATTA STREET	Resident Capacity: 11
City, State: WHITTIER, CA 90604	Total Occupancy: 11
Phone #: (562)944-5617	Target Population: 1.4
	Expiration Date 03/31/2009
Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS-LONG BI	Record ID: 190011CN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 757 LOMA VISTA DRIVE	Resident Capacity: 5
City, State: LONG BEACH, CA 90813	Total Occupancy: 6
Phone #: (562)923-4545 Fax #: (562)435-4771	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: FOLEY HOUSE	Record ID: 190011AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10501, 10505, 10511, 10517, AND 10519 MILLS AVENUE	Resident Capacity: 30
City, State: WHITTIER, CA 90604	Total Occupancy: 30
Phone #: (562)944-7953 Fax #: (562)944-7953	Target Population: 1.4
	Expiration Date 03/31/2008
Program Name: DRUG AND ALCOHOL COUNSELING SERVICES	Record ID: 190011AAN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 11938 PARAMOUNT BOULEVARD, SUITE A AND 11500 PARAMOU	Resident Capacity: 0
City, State: DOWNEY, CA 90241	Total Occupancy: 0
Phone #: (562)923-4545 Fax #: (562)862-0918	Target Population: 1.1
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC. RE	Record ID: 190011AFN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 11501 DOLAN	Resident Capacity: 47
City, State: DOWNEY, CA 90241	Total Occupancy: 57
Phone #: (562)923-7894 Fax #: (562)923-3593	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: SOUTHERN CA ALCOHOL & DRUG PROGRAMS: ANGEL STEP INN - W	Record ID: 190011AHN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 9423 SLAUSON BOULEVARD	Resident Capacity: 0
City, State: PICO RIVERA, CA 90660	Total Occupancy: 0
Phone #: (562)949-5358	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: LA CASITA DE LAS MAMAS OF DOWNEY	Record ID: 190011RN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 10603 DOWNEY AVENUE	Resident Capacity: 5
City, State: DOWNEY, CA 90241	Total Occupancy: 10
Phone #: (562)622-2268	Target Population: 1.4
	Expiration Date 03/31/2008
Program Name: INTEGRATED CARE SYSTEM/YOUNG PEOPLE'S OPPORTUNITY FOR U	Record ID: 190210BN
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.	Service Type: NON
Address: 5715 SOUTH BROADWAY	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (213)621-2800 Fax #: () -	Target Population: 1.5
	Expiration Date 03/31/2009
Program Name: PACIFIC ASIAN ALCOHOL AND DRUG PROGRAM	Record ID: 190210CN
Legal Name: SPECIAL SERVICE FOR GROUPS, INC.	Service Type: NON
Address: 2001 WEST BEVERLY BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)413-1622 Fax #: (213)413-5456	Target Population: 1.5
	Expiration Date 12/31/2008
Program Name: SPIRITT FAMILY SERVICES	Record ID: 190247EN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 1393 GRAND AVENUE, SUITE A	Resident Capacity: 0
City, State: GLENDORA, CA 91740	Total Occupancy: 0
Phone #: (626)852-2314	Target Population: 1.7
	Expiration Date 04/30/2009
Program Name: SHARE PROGRAM	Record ID: 190247CN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 11046 VALLEY MALL	Resident Capacity: 0
City, State: EL MONTE, CA 91731	Total Occupancy: 0
Phone #: (626)442-4788	Target Population: 1.1
	Expiration Date 12/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: SHARE PROGRAM	Record ID: 190247DN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 147 SOUTH SIXTH AVENUE	Resident Capacity: 0
City, State: LA PUENTE, CA 91746	Total Occupancy: 0
Phone #: (626)968-0041	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: SPIRITT FAMILY SERVICES ALCOHOL AND DRUG PROGRAM	Record ID: 190247BN
Legal Name: SPIRITT FAMILY SERVICES	Service Type: NON
Address: 13135 BARTON ROAD	Resident Capacity: 0
City, State: SANTA FE SPRINGS, CA 90605	Total Occupancy: 0
Phone #: (562)948-2886	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: STEPPING STONES HOME I & II	Record ID: 190118BN
Legal Name: STEPPING STONES HOME	Service Type: RES
Address: 17719 AND 17727 EAST CYPRESS STREET	Resident Capacity: 18
City, State: COVINA, CA 91722	Total Occupancy: 21
Phone #: (626)967-2677	Target Population: 1.3
	Expiration Date 01/31/2008
Program Name: STONE EAGLE RETREAT, INC.	Record ID: 190565AP
Legal Name: STONE EAGLE RETREAT, INC.	Service Type: RES-DETOX
Address: 1665 ENCINAL CANYON DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (805)558-3836	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: STUDIO 12 CARE/COUNSELING/SOBER LIVING	Record ID: 190361AN
Legal Name: STUDIO 12	Service Type: RES-DETOX
Address: 12406 MAGNOLIA BOULEVARD	Resident Capacity: 24
City, State: VALLEY VILLAGE, CA 91607	Total Occupancy: 24
Phone #: (818)761-7374 Fax #: (818)761-7377	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: A NEW DAY CENTER - OUTPATIENT PROGRAM	Record ID: 190077CN
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.	Service Type: NON
Address: 3125 AND 3137 EAST SEVENTH STREET	Resident Capacity: 0
City, State: LONG BEACH, CA 90804	Total Occupancy: 0
Phone #: (562)987-5724	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SUBSTANCE ABUSE FOUNDATION	Record ID: 190077RN
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH INC.	Service Type: NON
Address: 1046 REDONDO AVENUE	Resident Capacity: 0
City, State: LONG BEACH, CA 90804	Total Occupancy: 0
Phone #: (562)987-5722 Fax #: (562)987-4586	Target Population: 1.1
	Expiration Date 07/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: SOBRIETY HOUSE OF LONG BEACH	Record ID: 190077AHN
Legal Name: SUBSTANCE ABUSE FOUNDATION OF LONG BEACH, INC.	Service Type: RES-DETOX
Address: VARIOUS ADDRESSES (SEE BELOW)	Resident Capacity: 92
City, State: LONG BEACH, CA 90804	Total Occupancy: 92
Phone #: (568)987-5722 Fax #: (562)987-4586	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: SUNRISE COMMUNITY COUNSELING CENTER	Record ID: 190110CN
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 537 SOUTH ALVARADO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)207-2770 Fax #: (213)207-2773	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: SUNRISE COMMUNITY COUNSELING BELL GARDENS	Record ID: 190110DN
Legal Name: SUNRISE COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 6320 EAST FLORENCE AVENUE, #F	Resident Capacity: 0
City, State: BELL GARDENS, CA 90201	Total Occupancy: 0
Phone #: (562)927-2962 Fax #: (562)927-2968	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: S. H. A. W. L. HOUSE	Record ID: 190147AN
Legal Name: SUPPORT FOR HARBOR AREA WOMEN'S LIVES	Service Type: RES
Address: 936 SOUTH CENTRE STREET	Resident Capacity: 13
City, State: SAN PEDRO, CA 90731	Total Occupancy: 13
Phone #: (310)521-9310	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: OLIE AWARENESS FOUNDATION, INC.	Record ID: 190491AN
Legal Name: SYLVESTER OKOCHA	Service Type: NON
Address: 3550 WILSHIRE BOULEVARD, SUITE 1138	Resident Capacity: 0
City, State: LOS ANGELES, CA 90010	Total Occupancy: 0
Phone #: (213)738-0020 Fax #: (213)792-0024	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: TARZANA TREATMENT CENTER	Record ID: 190085AN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: RES
Address: 18646 OXNARD STREET, SOUTH AND WEST WINGS	Resident Capacity: 112
City, State: TARZANA, CA 91356	Total Occupancy: 122
Phone #: (818)996-1051 Fax #: (818)654-3906	Target Population: 1.10
	Expiration Date 11/30/2007
Program Name: TARZANA TREATMENT CENTER YOUTH SERVICES - LANCASTER	Record ID: 190085JN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 44443 NORTH TENTH STREET WEST	Resident Capacity: 0
City, State: LANCASTER, CA 93535	Total Occupancy: 0
Phone #: (661)726-2630 Fax #: (661)726-2635	Target Population: 1.5
	Expiration Date 03/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: TARZANA TREATMENT CENTER - NORTHRIDGE	Record ID: 190085HN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 18549 ROSCOE BOULEVARD	Resident Capacity: 0
City, State: NORTHRIDGE, CA 91234	Total Occupancy: 0
Phone #: (818)996-1051	Target Population: 1.5
	Expiration Date 03/31/2009
Program Name: TARZANA TREATMENT CENTER - LANCASTER	Record ID: 190085LN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: RES
Address: 44447 NORTH 10TH STREET WEST, BUILDING #B	Resident Capacity: 40
City, State: LANCASTER, CA 93534	Total Occupancy: 51
Phone #: (661)726-2630 Fax #: (661)726-2635	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: TARZANA TREATMENT CENTER	Record ID: 190085KN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 7101 BAIRD AVENUE	Resident Capacity: 0
City, State: RESEDA, CA 91335	Total Occupancy: 0
Phone #: (818)996-1051	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: TARZANA TREATMENT CENTER - LONG BEACH	Record ID: 190085BN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: RES
Address: 2101-45 MAGNOLIA AVENUE	Resident Capacity: 84
City, State: LONG BEACH, CA 90806	Total Occupancy: 109
Phone #: (562)218-1868	Target Population: 1.4
	Expiration Date 11/30/2007
Program Name: OUTPATIENT ANTELOPE VALLEY DAY TREATMENT SERVICES	Record ID: 190085GN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 44447 NORTH 10TH STREET WEST, BUILDING #A	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)726-2630	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: TARZANA TREATMENT CENTER OUTPATIENT SERVICES	Record ID: 190085FN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: NON
Address: 18646 OXNARD STREET	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)996-1051 Fax #: (818)654-3906	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: TARZANA TREATMENT CENTER - DETOX	Record ID: 190085DN
Legal Name: TARZANA TREATMENT CENTER, INC.	Service Type: DHS
Address: 18646 OXNARD STREET, DETOXIFICATION UNIT	Resident Capacity: 0
City, State: TARZANA, CA 91356	Total Occupancy: 0
Phone #: (818)996-1051 Fax #: (818)654-3906	Target Population: 1.1

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: TARZANA TREATMENT CENTERS Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 907 WEST LANCASTER BOULEVARD, 2ND FLOOR City, State: LANCASTER, CA 93534 Phone #: (661)726-2630	Record ID: 190085ON Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: TARZANA TREATMENT CENTERS - LANCASTER Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 44447 NORTH 10TH STREET WEST, BUILDING #C City, State: LANCASTER, CA 93534 Phone #: (661)726-2630 Fax #: (661)726-2635	Record ID: 190085PN Service Type: RES Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5
Program Name: TARZANA TREATMENT CENTERS, INC. Legal Name: TARZANA TREATMENT CENTERS, INC. Address: 5190 ATLANTIC AVENUE City, State: LONG BEACH, CA 90806 Phone #: (818)996-1051	Record ID: 190085NN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: TEAM ONE STOP DRUG & ALCOHOL--OUTPATIENT SERVICES Legal Name: TEAM ONE STOP Address: 5850 TOWNE AVENUE City, State: LOS ANGELES, CA 90011 Phone #: (323)933-4391 Fax #: (323)933-5973	Record ID: 190367AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2008
Program Name: TERCOR FOUNDATION'S SUBSTANCE ABUSE PROGRAM Legal Name: TERCOR FOUNDATION CORPORATION Address: 544 WEST ROSECRANS AVENUE City, State: COMPTON, CA 90222 Phone #: (310)639-0107 Fax #: (310)639-0236	Record ID: 190466AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.8 Expiration Date 03/31/2009
Program Name: BEACON HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 1003 SOUTH BEACON STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940	Record ID: 190006AN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.2 Expiration Date 03/31/2008
Program Name: CHANNEL VIEW HOUSE Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO Address: 124 WEST 11TH STREET City, State: SAN PEDRO, CA 90731 Phone #: (310)514-4940	Record ID: 190006EN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.2 Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: PALOS VERDES HOUSE	Record ID: 190006DN
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO	Service Type: RES
Address: 1012 SOUTH PALOS VERDES STREET	Resident Capacity: 25
City, State: SAN PEDRO, CA 90731	Total Occupancy: 25
Phone #: (310)514-4940 Fax #: (310)331-0070	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: LIGHTHOUSE	Record ID: 190006BN
Legal Name: THE BEACON HOUSE ASSOCIATION OF SAN PEDRO	Service Type: RES
Address: 126-134 WEST 10TH STREET	Resident Capacity: 20
City, State: SAN PEDRO, CA 90731	Total Occupancy: 20
Phone #: (310)514-4940	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: THE BISHOP GOODEN HOME	Record ID: 190009AN
Legal Name: THE BISHOP GOODEN HOME	Service Type: RES
Address: 191 NORTH EL MOLINO AVENUE	Resident Capacity: 26
City, State: PASADENA, CA 91101	Total Occupancy: 26
Phone #: (626)356-0078 Fax #: (626)795-2844	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: THE CANYON AT PEACE PARK	Record ID: 190441BP
Legal Name: THE CANYON AT PEACE PARK	Service Type: RES-DETOX
Address: 2890 KANAN DUME ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (888)922-6966 Fax #: (310)457-5322	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: THE CANYON AT PEACE PARK	Record ID: 190441AP
Legal Name: THE CANYON AT PEACE PARK	Service Type: RES-DETOX
Address: 2900 KANAN DUME ROAD	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (888)922-6966 Fax #: (310)457-5322	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: THE CENTER FOR HOPE, INC.	Record ID: 190398AN
Legal Name: THE CENTER FOR HOPE, INC.	Service Type: NON
Address: 5012 SOUTH LA BREA AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90056	Total Occupancy: 0
Phone #: (323)298-3050 Fax #: (323)298-3083	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: H.O.W. HOUSE	Record ID: 190450AN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222 Fax #: (562)906-1222	Target Population: 1.2
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: H.O.W. HOUSE	Record ID: 190450CN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 1/4 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222 Fax #: (562)906-1222	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: H.O.W. HOUSE	Record ID: 190450BN
Legal Name: THE CENTER FOR RECOVERY FROM COMPULSIVITIES, INC.	Service Type: RES
Address: 14100 1/2 GLENGYLE STREET	Resident Capacity: 6
City, State: WHITTIER, CA 90604	Total Occupancy: 6
Phone #: (562)777-1222 Fax #: (562)906-1222	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: THE DISCIPLES IN TRAINING, INC.	Record ID: 190509AN
Legal Name: THE DISCIPLES IN TRAINING, INC.	Service Type: NON
Address: 1618 ALONDRA BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)387-5769	Target Population: 1.5
	Expiration Date 03/31/2008
Program Name: THE GUIDANCE CENTER - AVALON CLINIC	Record ID: 190245HN
Legal Name: THE GUIDANCE CENTER	Service Type: NON
Address: 125 METROPOLE AVENUE	Resident Capacity: 0
City, State: AVALON, CA 90704	Total Occupancy: 0
Phone #: (310)732-0697 Fax #: (310)510-8986	Target Population: 1.5
	Expiration Date 05/31/2008
Program Name: THE HIGH ROAD PROGRAM	Record ID: 190262AN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 700 SOUTH ARROYO PARKWAY	Resident Capacity: 0
City, State: PASADENA, CA 91105	Total Occupancy: 0
Phone #: (626)793-6159 Fax #: (626)795-9540	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: THE HIGH ROAD PROGRAM	Record ID: 190262BN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 14430 SHERMAN WAY	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)785-9119 Fax #: (818)785-2150	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: THE HIGH ROAD PROGRAM	Record ID: 190262CN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 44823 DATE AVENUE	Resident Capacity: 0
City, State: LANCASTER, CA 93534	Total Occupancy: 0
Phone #: (661)942-2241 Fax #: (661)942-7040	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: BRICKS/KICK	Record ID: 190102AN
Legal Name: THE HILLSMAN DRUG AND ALCOHOL CENTER	Service Type: RES
Address: 1440 EAST 41ST STREET	Resident Capacity: 30
City, State: LOS ANGELES, CA 90011	Total Occupancy: 42
Phone #: (323)231-2585	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: TMSG COUNSELING PROGRAM	Record ID: 190534AN
Legal Name: THE MANAGEMENT SOLUTIONS GROUP	Service Type: NON
Address: 5331 E. OLYMPIC BOULEVARD, SUITE 6	Resident Capacity: 0
City, State: LOS ANGELES, CA 90022	Total Occupancy: 0
Phone #: (323)721-8617 Fax #: (323)721-3946	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: MINI TWELVE STEP HOUSE	Record ID: 190036AN
Legal Name: THE MINI TWELVE STEP HOUSE, INCORPORATED	Service Type: RES
Address: 303 EAST 52ND STREET	Resident Capacity: 28
City, State: LOS ANGELES, CA 90011	Total Occupancy: 28
Phone #: (323)295-6604	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: THE SOLUTION FAMILY RESOURCE CENTER	Record ID: 190036CN
Legal Name: THE MINI TWELVE STEP HOUSE, INCORPORATED	Service Type: NON
Address: 200 NORTH LONG BEACH BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (323)295-6604 Fax #: (323)295-6642	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: SOLUTION FAMILY RESOURCE CENTER (WEST)	Record ID: 190036DN
Legal Name: THE MINI TWELVE STEP HOUSE, INCORPORATED	Service Type: NON
Address: 1228 EAST COMPTON BOULEVARD	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)608-1505 Fax #: (310)608-1406	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: THE NESS COUNSELING CENTER	Record ID: 190286AN
Legal Name: THE NESS COUNSELING CENTER, INC.	Service Type: NON
Address: 8512 WHITWORTH DRIVE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90035	Total Occupancy: 0
Phone #: (310)360-8512 Fax #: (310)360-8510	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: THE NEW DESTINY, INC.	Record ID: 190451AN
Legal Name: THE NEW DESTINY, INC.	Service Type: NON
Address: 155 WEST WASHINGTON BOULEVARD, SUITE 517	Resident Capacity: 0
City, State: LOS ANGELES, CA 90015	Total Occupancy: 0
Phone #: (323)304-0054 Fax #: (323)953-0663	Target Population: 1.1
	Expiration Date 01/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: THE NEW YOU CENTER, INC. Legal Name: THE NEW YOU CENTER, INC. Address: 1030 WEST FLORENCE AVENUE City, State: LOS ANGELES, CA 90044 Phone #: (323)758-9539	Record ID: 190525AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.5 Expiration Date 08/31/2008
Program Name: MT. CARMEL TREATMENT CENTER Legal Name: THE PALMS RESIDENTIAL CARE FACILITY Address: 801 WEST 70TH STREET City, State: LOS ANGELES, CA 90044 Phone #: (323)759-0340 Fax #: (323)759-0466	Record ID: 190248AN Service Type: RES Resident Capacity: 30 Total Occupancy: 30 Target Population: 1.1 Expiration Date 01/31/2009
Program Name: MT. CARMEL OUTPATIENT PROGRAM Legal Name: THE PALMS RESIDENTIAL CARE FACILITY Address: 801 WEST 70TH STREET City, State: LOS ANGELES, CA 90044 Phone #: (323)759-0340 Fax #: (323)759-0466	Record ID: 190248CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2008
Program Name: MILESTONES RANCH MALIBU Legal Name: THE RANCH - MALIBU CALIFORNIA, LLC Address: 200 VERA CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (818)879-9110 Fax #: () -	Record ID: 190328DP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: MILESTONES RANCH MALIBU Legal Name: THE RANCH - MALIBU CALIFORNIA, LLC Address: 221 VERA CANYON ROAD City, State: MALIBU, CA 90265 Phone #: (818)879-9110	Record ID: 190328FP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: HARBOR LIGHT CENTER (MALE)/SAFE HARBOR (FEMALE) Legal Name: THE SALVATION ARMY Address: 809 & 721 EAST FIFTH STREET City, State: LOS ANGELES, CA 90013 Phone #: (213)626-4786 Fax #: (213)626-0717	Record ID: 190023AN Service Type: RES-DETOX Resident Capacity: 286 Total Occupancy: 286 Target Population: 1.1 Expiration Date 04/30/2008
Program Name: HARMONY HALL Legal Name: THE SALVATION ARMY Address: 3107 SOUTH GRAND AVENUE City, State: LOS ANGELES, CA 90007 Phone #: (213)626-4786	Record ID: 190023BN Service Type: RES Resident Capacity: 65 Total Occupancy: 65 Target Population: 1.1 Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: THE SALVATION ARMY BELL SHELTER--WELLNESS CENTER	Record ID: 190023CN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 5600 RICKENBACKER ROAD, BUILDING 2A-B	Resident Capacity: 128
City, State: BELL, CA 90201	Total Occupancy: 128
Phone #: (323)263-1206 Fax #: (323)263-8543	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: THE SALVATION ARMY HAVEN	Record ID: 190023DN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 11301 WILSHIRE BOULEVARD, SUITE 212, SECOND FLOOR	Resident Capacity: 60
City, State: LOS ANGELES, CA 90073	Total Occupancy: 65
Phone #: (310)478-3711 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: HARBOR LIGHT CENTER (MALE)/SAFE HARBOR (FEMALE)	Record ID: 190023EN
Legal Name: THE SALVATION ARMY	Service Type: NON
Address: 809 AND 721 EAST FIFTH STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90013	Total Occupancy: 0
Phone #: (213)626-4786 Fax #: (213)626-0717	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: SHIELDS NON-RESIDENTIAL ADOLESCENT TREATMENT PROGRAM	Record ID: 190238AN
Legal Name: THE SHIELDS FOR FAMILIES PROJECT	Service Type: NON
Address: 12714 SOUTH AVALON BOULEVARD, SUITE 100	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (323)242-5000 Fax #: (323)242-5011	Target Population: 1.5
	Expiration Date 05/31/2008
Program Name: GENESIS FAMILY DAY TREATMENT PROGRAM	Record ID: 190238DN
Legal Name: THE SHIELDS FOR FAMILIES PROJECT	Service Type: NON
Address: 12021 SOUTH WILMINGTON AVENUE, LOT C	Resident Capacity: 0
City, State: LOS ANGELES, CA 90059	Total Occupancy: 0
Phone #: (310)668-8260	Target Population: 1.7
	Expiration Date 03/31/2009
Program Name: ARK OUTPATIENT DRUG FREE SERVICES/DRUG COURT	Record ID: 190238CN
Legal Name: THE SHIELDS FOR FAMILIES PROJECT	Service Type: NON
Address: 11705 DEPUTY YAMAMOTO PLACE, SUITE A	Resident Capacity: 0
City, State: LYNWOOD, CA 90262	Total Occupancy: 0
Phone #: (323)357-6930 Fax #: (323)569-1979	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: EDEN DUAL DIAGNOSIS PROGRAM	Record ID: 190238FN
Legal Name: THE SHIELDS FOR FAMILIES PROJECT	Service Type: NON
Address: 12714 SOUTH AVALON BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90061	Total Occupancy: 0
Phone #: (323)242-5000 Fax #: (323)242-5011	Target Population: 1.7
	Expiration Date 03/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: EXODUS FAMILY DAY TREATMENT PROGRAM	Record ID: 190238EN
Legal Name: THE SHIELDS FOR FAMILIES PROJECT	Service Type: NON
Address: 1500 EAST KAY STREET, UNITS (SEE COMMENTS SECTION)	Resident Capacity: 0
City, State: COMPTON, CA 90221	Total Occupancy: 0
Phone #: (310)898-2450 Fax #: (310)898-2452	Target Population: 1.7
	Expiration Date 05/31/2009
Program Name: WOMEN'S ODYSSEY ORGANIZATION	Record ID: 190151AN
Legal Name: THE WOMEN'S ODYSSEY ORGANIZATION, INC.	Service Type: RES
Address: 20830 PARTHENIA STREET	Resident Capacity: 10
City, State: CANOGA PARK, CA 91306	Total Occupancy: 14
Phone #: (818)998-8972	Target Population: 1.3
	Expiration Date 09/30/2007
Program Name: TOTAL FAMILY SUPPORT CLINIC	Record ID: 190366AN
Legal Name: TOTAL FAMILY SUPPORT CLINIC	Service Type: NON
Address: 13741 FOOTHILL BOULEVARD, #240	Resident Capacity: 0
City, State: SYLMAR, CA 91342	Total Occupancy: 0
Phone #: (818)833-9789 Fax #: (818)833-9790	Target Population: 1.7
	Expiration Date 11/30/2008
Program Name: TOTAL FAMILY SUPPORT CLINIC - LONG BEACH	Record ID: 190366BN
Legal Name: TOTAL FAMILY SUPPORT CLINIC	Service Type: NON
Address: 2511 LONG BEACH BOULEVARD	Resident Capacity: 0
City, State: LONG BEACH, CA 90806	Total Occupancy: 0
Phone #: (818)833-9789 Fax #: (818)833-9790	Target Population: 1.5
	Expiration Date 02/28/2009
Program Name: TRINITY PLUS ALCOHOL AND DRUG TREATMENT PROGRAM	Record ID: 190517AN
Legal Name: TRINITY PLUS HEALTHCARE SERVICES	Service Type: NON
Address: 2500 WILSHIRE BOULEVARD, SUITE 922	Resident Capacity: 0
City, State: LOS ANGELES, CA 90057	Total Occupancy: 0
Phone #: (213)487-9800 Fax #: (213)487-9801	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: TWIN TOWN TREATMENT CENTERS, WEST HOLLYWOOD	Record ID: 190290CP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 8739 SANTA MONICA BOULEVARD	Resident Capacity: 0
City, State: WEST HOLLYWOOD, CA 90069	Total Occupancy: 0
Phone #: (310)623-1477 Fax #: (310)854-0134	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: TWIN TOWN TREATMENT CENTERS - NORTH HOLLYWOOD	Record ID: 190290BP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 6180 LAUREL CANYON BOULEVARD, SUITE 275	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91606	Total Occupancy: 0
Phone #: (818)985-0560 Fax #: (818)985-7193	Target Population: 1.7
	Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: TWIN TOWN TREATMENT CENTERS - TORRANCE	Record ID: 190290AP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 2171 TORRANCE BOULEVARD, SUITE 8	Resident Capacity: 0
City, State: TORRANCE, CA 90501	Total Occupancy: 0
Phone #: (310)787-1335 Fax #: (310)787-1809	Target Population: 1.7
	Expiration Date 02/28/2009
Program Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM	Record ID: 190455AN
Legal Name: U-TURN ALCOHOL AND DRUG EDUCATION PROGRAM, INC.	Service Type: NON
Address: 3761 WEST STOCKER STREET, SUITE 105	Resident Capacity: 0
City, State: LOS ANGELES, CA 90008	Total Occupancy: 0
Phone #: (323)294-4261 Fax #: (323)294-7261	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: UBENETE CHARITY, INC., ALCOHOL AND DRUG COUNSELING CENTI	Record ID: 190501AN
Legal Name: UBENETE CHARITY, INC.	Service Type: NON
Address: 460 EAST CARSON PLAZA DRIVE, SUITE 120	Resident Capacity: 0
City, State: CARSON, CA 90746	Total Occupancy: 0
Phone #: (310)678-9718 Fax #: (310)856-5789	Target Population: 1.5
	Expiration Date 04/30/2008
Program Name: ROBERT SUNDANCE FAMILY WELLNESS CENTER	Record ID: 190364AN
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.	Service Type: NON
Address: 1125 WEST 6TH STREET, SUITES 100, 103, 303, AND BASEMENT	Resident Capacity: 0
City, State: LOS ANGELES, CA 90017	Total Occupancy: 0
Phone #: (213)202-3970 Fax #: (213)202-3977	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: AH-NO-VEN HOME	Record ID: 190364BN
Legal Name: UNITED AMERICAN INDIAN INVOLVEMENT, INC.	Service Type: RES
Address: 1020 HIGHLIGHT DRIVE	Resident Capacity: 0
City, State: WEST COVINA, CA 91791	Total Occupancy: 0
Phone #: (626)938-1947 Fax #: (626)974-5843	Target Population: 1.5
Program Name: ADVANCE WOMEN'S PROGRAM	Record ID: 190188DN
Legal Name: UNITED STATES VETERANS INITIATIVE	Service Type: RES
Address: 2281 WILLIAMS AVENUE	Resident Capacity: 35
City, State: LONG BEACH, CA 90810	Total Occupancy: 45
Phone #: (562)388-8015 Fax #: (562)388-7991	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: WESTSIDE RESIDENCE HALL	Record ID: 190188AN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 733 SOUTH HINDRY AVE., ROOMS 202-205, 207-211, 301-304, 507, .	Resident Capacity: 150
City, State: INGLEWOOD, CA 90301	Total Occupancy: 150
Phone #: (310)348-7600 Fax #: (310)641-2661	Target Population: 1.2
	Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: VETERANS IN PROGRESS	Record ID: 190188CN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 2160 WILLIAMS STREET	Resident Capacity: 44
City, State: LONG BEACH, CA 90810	Total Occupancy: 44
Phone #: (562)388-7982 Fax #: (562)388-7991	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: UNITED WOMEN IN TRANSITION PROJECT RES Q	Record ID: 190175CN
Legal Name: UNITED WOMEN IN TRANSITION	Service Type: NON
Address: 9410 SOUTH WESTERN AVENUE	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)779-2237	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: VALLEY COMMUNITY CLINIC DRUG AND ALCOHOL TREATMENT PF	Record ID: 190349AN
Legal Name: VALLEY COMMUNITY CLINIC	Service Type: NON
Address: 6801 COLDWATER CANYON AVENUE	Resident Capacity: 0
City, State: NORTH HOLLYWOOD, CA 91605	Total Occupancy: 0
Phone #: (818)763-1718 Fax #: (818)763-7231	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: VALLEY WOMEN'S CENTER	Record ID: 190502AN
Legal Name: VALLEY WOMEN'S CENTER, INC.	Service Type: NON
Address: 22110 ROSCOE BOULEVARD, SUITE 204	Resident Capacity: 0
City, State: CANOGA PARK, CA 91304	Total Occupancy: 0
Phone #: (818)713-8700 Fax #: (818)713-8585	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: VAN NESS RECOVERY HOUSE	Record ID: 190111AN
Legal Name: VAN NESS RECOVERY HOUSE	Service Type: RES
Address: 1919 NORTH BEACHWOOD DRIVE	Resident Capacity: 20
City, State: LOS ANGELES, CA 90068	Total Occupancy: 20
Phone #: (323)463-4266	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: VERDUGO MENTAL HEALTH, POSITIVE DIRECTIONS COMMUNITY C	Record ID: 190495AN
Legal Name: VERDUGO MENTAL HEALTH	Service Type: NON
Address: 1540 EAST COLORADO STREET	Resident Capacity: 0
City, State: GLENDALE, CA 91205	Total Occupancy: 0
Phone #: (818)244-7257 Fax #: (818)247-6649	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: THE TEMPLE CITY HOUSE	Record ID: 190531AN
Legal Name: VOLUNTEER REFUGEE AID INTL, DBA WINNERS DEVELOPMENTAL	Service Type: RES
Address: 4923 SERENO DRIVE	Resident Capacity: 0
City, State: TEMPLE CITY, CA 91780	Total Occupancy: 0
Phone #: (626)285-8265 Fax #: (626)285-8215	Target Population: 1.1

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: VOLUNTEERS OF AFRICA - NONRESIDENTIAL TREATMENT PROGRA	Record ID: 190522AN
Legal Name: VOLUNTEERS OF AFRICA	Service Type: NON
Address: 1704 WEST MANCHESTER BOULEVARD, SUITE 209	Resident Capacity: 0
City, State: LOS ANGELES, CA 90047	Total Occupancy: 0
Phone #: (323)752-9723 Fax #: (323)752-9723	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: JAN CLAYTON CENTER	Record ID: 190027AN
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES	Service Type: RES
Address: 4969 SUNSET BOULEVARD	Resident Capacity: 52
City, State: LOS ANGELES, CA 90027	Total Occupancy: 52
Phone #: (323)660-8042	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: VOA OF CENTRAL CITY RECOVERY SERVICES	Record ID: 190027BN
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES	Service Type: RES-DETOX
Address: 515 EAST 6TH STREET, 9TH FLOOR	Resident Capacity: 40
City, State: LOS ANGELES, CA 90021	Total Occupancy: 40
Phone #: (323)660-8042 Fax #: (213)622-6831	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: VS-21	Record ID: 190027FN
Legal Name: VOLUNTEERS OF AMERICA OF LOS ANGELES	Service Type: RES
Address: 622 SOUTH WALL STREET, BUILDING C	Resident Capacity: 80
City, State: LOS ANGELES, CA 90014	Total Occupancy: 80
Phone #: (213)623-8580	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER	Record ID: 190221AN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 1355 SOUTH HILL STREET	Resident Capacity: 82
City, State: LOS ANGELES, CA 90015	Total Occupancy: 82
Phone #: (415)355-2504	Target Population: 1.3
	Expiration Date 08/31/2008
Program Name: WALDEN HOUSE - TRANSITIONAL TREATMENT CENTER OUTPATIENT	Record ID: 190221BN
Legal Name: WALDEN HOUSE, INC.	Service Type: NON
Address: 145 WEST 22ND STREET, 1ST FLOOR AND 149 WEST 22ND STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90007	Total Occupancy: 0
Phone #: (213)746-3963 Fax #: (213)746-2507	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER	Record ID: 190221GN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 1237 FLOWER STREET	Resident Capacity: 42
City, State: INGLEWOOD, CA 90304	Total Occupancy: 42
Phone #: (310)419-7350	Target Population: 1.2
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Los Angeles County

Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER	Record ID: 190221EN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 4026 WEST CENTURY BOULEVARD	Resident Capacity: 91
City, State: INGLEWOOD, CA 90304	Total Occupancy: 91
Phone #: (310)419-7350	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: WALDEN HOUSE TRANSITIONAL TREATMENT CENTER	Record ID: 190221FN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 4115 WEST CENTURY BOULEVARD	Resident Capacity: 44
City, State: INGLEWOOD, CA 90304	Total Occupancy: 44
Phone #: (310)419-7350	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME	Record ID: 190221CN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 12423 DAHLIA AVENUE	Resident Capacity: 72
City, State: EL MONTE, CA 91732	Total Occupancy: 92
Phone #: (626)444-9094	Target Population: 1.4
	Expiration Date 08/31/2009
Program Name: HOUSE OF UHURU	Record ID: 190377BN
Legal Name: WATTS HEALTHCARE CORPORATION	Service Type: NON
Address: 8005 SOUTH FIGUEROA STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90003	Total Occupancy: 0
Phone #: (323)568-5400 Fax #: (323)752-8031	Target Population: 1.4
	Expiration Date 03/31/2009
Program Name: HOUSE OF UHURU	Record ID: 190377AN
Legal Name: WATTS HEALTHCARE CORPORATION--THE HOUSE OF UHURU	Service Type: RES
Address: 8005 SOUTH FIGUEROA STREET	Resident Capacity: 66
City, State: LOS ANGELES, CA 90003	Total Occupancy: 66
Phone #: (323)568-5400 Fax #: (323)752-8031	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: WE CAN HELP FOUNDATION	Record ID: 190494AN
Legal Name: WE CAN HELP FOUNDATION	Service Type: NON
Address: 751 AND 753 WEST WASHINGTON BOULEVARD	Resident Capacity: 0
City, State: LOS ANGELES, CA 90015	Total Occupancy: 0
Phone #: (323)309-0744	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: WEINGART CENTER ASSOCIATION/EPIC	Record ID: 190541AN
Legal Name: WEINGART CENTER ASSOCIATION	Service Type: RES
Address: 566 SOUTH SAN PEDRO STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90013	Total Occupancy: 0
Phone #: (213)689-2122 Fax #: (213)623-0408	Target Population: 1.1
	Expiration Date 01/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Los Angeles County

Program Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM	Record ID: 190546AN
Legal Name: WEST COAST DRUG AND ALCOHOL EDUCATION PROGRAM	Service Type: NON
Address: 6850 VAN NUYS BOULEVARD, SUITE 125	Resident Capacity: 0
City, State: VAN NUYS, CA 91405	Total Occupancy: 0
Phone #: (818)908-1740	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: PROMISES RESIDENTIAL TREATMENT CENTERS	Record ID: 190074AP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 3743 1/2 SOUTH BARRINGTON AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90066	Total Occupancy: 6
Phone #: (310)390-2340	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: PROMISES MALIBU - COOL OAK	Record ID: 190074IP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 20786 COOL OAK WAY	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)456-8422 Fax #: (310)456-7522	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: PROMISES RESIDENTIAL TREATMENT CENTER	Record ID: 190074JP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 3744 SOUTH BARRINGTON AVENUE	Resident Capacity: 6
City, State: LOS ANGELES, CA 90066	Total Occupancy: 6
Phone #: (310)390-2340 Fax #: (310)391-6434	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: PROMISES RESIDENTIAL TREATMENT CENTER	Record ID: 190074FP
Legal Name: WESTSIDE SOBER LIVING CENTERS, INC.	Service Type: RES-DETOX
Address: 20725 ROCKCROFT DRIVE	Resident Capacity: 6
City, State: MALIBU, CA 90265	Total Occupancy: 6
Phone #: (310)317-9233	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: WINGS OF RECOVERY - NONRESIDENTIAL	Record ID: 190434AN
Legal Name: WINGS OF REFUGE	Service Type: NON
Address: 5777 WEST CENTURY, SUITE 900	Resident Capacity: 0
City, State: LOS ANGELES, CA 90045	Total Occupancy: 0
Phone #: (310)570-6767 Fax #: (310)670-8481	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: WINKY'S TREATMENT CENTER	Record ID: 190493AN
Legal Name: WINKY'S TREATMENT CENTER	Service Type: NON
Address: 5310 SOUTH HOOVER STREET	Resident Capacity: 0
City, State: LOS ANGELES, CA 90037	Total Occupancy: 0
Phone #: (323)251-5549	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Los Angeles County

As of: 11/06/2007

Program Name: WONDERLAND TREATMENT CENTERS

Legal Name: WONDERLAND TREATMENT CENTERS, LLC

Address: 8147, 8171 AND 8207 MULHOLLAND DRIVE

City, State: LOS ANGELES, CA 90046

Phone #: (323)899-9115 Fax #: (323)848-7964

Record ID: 190524AP

Service Type: RES-DETOX

Resident Capacity: 14

Total Occupancy: 14

Target Population: 1.1

Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Madera County

Program Name: CORNERSTONE FAMILY COUNSELING	Record ID: 200008AN
Legal Name: CORNERSTONE FAMILY COUNSELING	Service Type: NON
Address: 49346 ROAD 426, SUITE 1	Resident Capacity: 0
City, State: OAKHURST, CA 93644	Total Occupancy: 0
Phone #: (559)641-6321 Fax #: (559)641-2359	Target Population: 1.5
	Expiration Date 01/31/2009
Program Name: YOUTH TREATMENT SERVICES	Record ID: 200005EN
Legal Name: MADERA COUNTY	Service Type: NON
Address: 14227 ROAD 28 NORTH WING	Resident Capacity: 0
City, State: MADERA, CA 93638	Total Occupancy: 0
Phone #: (559)675-7921 Fax #: (559)675-7924	Target Population: 1.5
	Expiration Date 01/31/2008
Program Name: MADERA COUNTY GATEWAY ALCOHOL AND DRUG SERVICES	Record ID: 200005FN
Legal Name: MADERA COUNTY	Service Type: NON
Address: 424 NORTH GATEWAY DRIVE, NORTH WING	Resident Capacity: 0
City, State: MADERA, CA 93638	Total Occupancy: 0
Phone #: (559)675-7921 Fax #: (559)675-7924	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: PERINATAL SUBSTANCE ABUSE SERVICES (AKA YOSEMITE WOMEN)	Record ID: 200005DN
Legal Name: MADERA COUNTY	Service Type: NON
Address: 14227 ROAD 28-SOUTH WING	Resident Capacity: 0
City, State: MADERA, CA 93638	Total Occupancy: 0
Phone #: (559)657-7921 Fax #: (559)657-7924	Target Population: 1.3
	Expiration Date 01/31/2008
Program Name: MADERA COUNTY MATRIX AOD	Record ID: 200005GN
Legal Name: MADERA COUNTY	Service Type: NON
Address: 424 NORTH GATEWAY DRIVE, SOUTH WING	Resident Capacity: 0
City, State: MADERA, CA 93637	Total Occupancy: 0
Phone #: (559)675-7762 Fax #: (559)673-6991	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: MADERA COUNTY OAKHURST COUNSELING CENTER	Record ID: 200005AN
Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES	Service Type: NON
Address: 49774 ROAD 426, SUITE D	Resident Capacity: 0
City, State: OAKHURST, CA 93644	Total Occupancy: 0
Phone #: (559)683-4809 Fax #: (559)683-6499	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: MADERA COUNTY CHOWCHILLA COUNSELING CENTER	Record ID: 200005CN
Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES	Service Type: NON
Address: 1200 VENTURA	Resident Capacity: 0
City, State: CHOWCHILLA, CA 93610	Total Occupancy: 0
Phone #: (559)665-2947 Fax #: (559)673-4407	Target Population: 1.1
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Madera County

As of: 11/06/2007

Program Name: MADERA COUNTY SUPERVISION AND TREATMENT PROGRAM

Record ID: 200005BN

Legal Name: MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Service Type: NON

Address: 450 MADERA AVENUE, SUITE H

Resident Capacity: 0

City, State: MADERA, CA 93637

Total Occupancy: 0

Phone #: (559)675-4515

Fax #: (559)675-7978

Target Population: 1.1

Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Marin County

Program Name: ALLIANCE RECOVERY INSTITUTE	Record ID: 210029AP
Legal Name: ALLIANCE RECOVERY INSTITUTE	Service Type: NON
Address: 1050 NORTHGATE DRIVE, SUITE 12	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94933	Total Occupancy: 0
Phone #: (415)488-1970 Fax #: (415)488-1709	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: MARIN CITY RECOVERY CENTER	Record ID: 210020AN
Legal Name: BAY AREA COMMUNITY RESOURCES	Service Type: NON
Address: 630 DRAKE AVENUE	Resident Capacity: 0
City, State: MARIN CITY, CA 94965	Total Occupancy: 0
Phone #: (415)339-2851 Fax #: (415)339-2854	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: BAYSIDE MARIN, LLC	Record ID: 210030AP
Legal Name: BAYSIDE MARIN, LLC	Service Type: RES-DETOX
Address: 189 BAYVIEW DRIVE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: BAYSIDE MARIN OUTPATIENT PROGRAM	Record ID: 210030CP
Legal Name: BAYSIDE MARIN, LLC	Service Type: NON
Address: 684 POINT SAN PEDRO ROAD	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 0
Phone #: (415)459-2000	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: BAYSIDE MARIN, LLC	Record ID: 210030DP
Legal Name: BAYSIDE MARIN, LLC	Service Type: RES-DETOX
Address: 47 TWEED TERRACE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000 Fax #: (415)454-3535	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: BAYSIDE MARIN, LLC	Record ID: 210030BP
Legal Name: BAYSIDE MARIN, LLC	Service Type: RES-DETOX
Address: 191 BAYVIEW DRIVE	Resident Capacity: 6
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 6
Phone #: (415)721-2000	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: ALTA MIRA TREATMENT PROGRAM	Record ID: 210026BP
Legal Name: BULKLEY VENTURES, LLC	Service Type: RES
Address: 135 BULKLEY AVENUE	Resident Capacity: 6
City, State: SAUSALITO, CA 94965	Total Occupancy: 6
Phone #: (415)339-8812 Fax #: (415)331-9377	Target Population: 1.2
	Expiration Date 03/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Marin County

Program Name: ALTA MIRA TREATMENT PROGRAM
Legal Name: BULKLEY VENTURES, LLC
Address: 25 SANTA ROSA AVENUE
City, State: SAUSALITO, CA 94965
Phone #: (415)233-0178 Fax #: (415)332-2108

Record ID: 210026CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 03/31/2009

Program Name: ALTA MIRA
Legal Name: BULKLEY VENTURES, LLC
Address: 141 BULKLEY AVENUE
City, State: SAUSALITO, CA 94965
Phone #: (415)233-0178 Fax #: (415)332-2108

Record ID: 210026AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 11/30/2008

Program Name: NEW DAWN RECOVERY CENTERS
Legal Name: CDT SERVICE CORPORATION
Address: 2320 MARINSHIP WAY, SUITE 240
City, State: SAUSALITO, CA 94965
Phone #: (415)331-1383 Fax #: (415)331-1392

Record ID: 210025AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2008

Program Name: CENTER POINT RESIDENTIAL PROGRAM
Legal Name: CENTER POINT, INC.
Address: 207 1ST STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-9444 Fax #: (415)492-8844

Record ID: 210002KN
Service Type: RES
Resident Capacity: 8
Total Occupancy: 8
Target Population: 1.1
Expiration Date 03/31/2008

Program Name: CENTER POINT LIFELINK PROGRAM
Legal Name: CENTER POINT, INC.
Address: 519 BELLE STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)454-7777 Fax #: (415)492-8844

Record ID: 210002JN
Service Type: RES
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.1
Expiration Date 01/31/2008

Program Name: CENTER POINT LIFELINK PROGRAM
Legal Name: CENTER POINT, INC.
Address: 39 MARY STREET
City, State: SAN RAFAEL, CA 94901
Phone #: (415)456-6655 Fax #: (415)492-8844

Record ID: 210002IN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 20
Target Population: 1.4
Expiration Date 01/31/2008

Program Name: CENTER POINT OUTPATIENT SERVICES
Legal Name: CENTER POINT, INC.
Address: 1601 SECOND STREET, SUITE 104
City, State: SAN RAFAEL, CA 94901
Phone #: (415)456-6655 Fax #: (415)492-8844

Record ID: 210002GN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 08/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Marin County

Program Name: CENTER POINT - THE MANOR	Record ID: 210002BN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 603 D STREET	Resident Capacity: 40
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 40
Phone #: (415)454-9444 Fax #: (415)492-8844	Target Population: 1.1
	Expiration Date 08/31/2007
Program Name: THE VILLAGE	Record ID: 210002FN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 1477-1483 LINCOLN AVENUE	Resident Capacity: 44
City, State: SAN RAFAEL, CA 94901	Total Occupancy: 44
Phone #: (415)454-9444	Target Population: 1.4
	Expiration Date 08/31/2009
Program Name: FAMILY SERVICE AGENCY SUBSTANCE ABUSE RECOVERY SERVICE	Record ID: 210023AN
Legal Name: FAMILY SERVICE AGENCY OF MARIN COUNTY	Service Type: NON
Address: 555 NORTHGATE DRIVE	Resident Capacity: 0
City, State: SAN RAFAEL, CA 94903	Total Occupancy: 0
Phone #: (415)491-5700 Fax #: (415)491-5750	Target Population: 1.1
	Expiration Date 09/30/2007
Program Name: ALTA MIRA TREATMENT PROGRAM	Record ID: 210028BP
Legal Name: HARRISON VENTURES, LLC	Service Type: RES
Address: 100 HARRISON AVENUE	Resident Capacity: 6
City, State: SAUSALITO, CA 94965	Total Occupancy: 6
Phone #: (415)233-0178 Fax #: (415)332-2108	Target Population: 1.2
	Expiration Date 04/30/2009
Program Name: ALTA MIRA TREATMENT PROGRAM	Record ID: 210028AP
Legal Name: HARRISON VENTURES, LLC	Service Type: RES
Address: 96 HARRISON AVENUE	Resident Capacity: 6
City, State: SAUSALITO, CA 94965	Total Occupancy: 6
Phone #: (415)233-0178 Fax #: (415)332-2108	Target Population: 1.2
	Expiration Date 04/30/2009
Program Name: HENRY OHLHOFF NORTH	Record ID: 210012AN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: RES
Address: 5394 NAVE DRIVE	Resident Capacity: 30
City, State: NOVATO, CA 94949	Total Occupancy: 32
Phone #: (415)883-2494	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: HELEN VINE DETOX CENTER	Record ID: 210017CN
Legal Name: MARIN PEOPLE CARE, INCORPORATED	Service Type: RES-DETOX
Address: 301 SMITH RANCH ROAD	Resident Capacity: 26
City, State: SAN RAFAEL, CA 94903	Total Occupancy: 26
Phone #: (415)492-0818	Target Population: 1.1
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Marin County

Program Name: MARIN SERVICES FOR WOMEN Legal Name: MARIN SERVICES FOR WOMEN, INCORPORATED Address: 1251 SOUTH ELISEO DRIVE City, State: GREENBRAE, CA 94904 Phone #: (415)924-5995 Fax #: (415)924-6837	Record ID: 210004AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.4 Expiration Date 09/30/2009
Program Name: MARIN SERVICES FOR WOMEN Legal Name: MARIN SERVICES FOR WOMEN, INCORPORATED Address: 1251 SOUTH ELISEO DRIVE City, State: GREENBRAE, CA 94904 Phone #: (415)924-7080	Record ID: 210004CN Service Type: RES Resident Capacity: 40 Total Occupancy: 50 Target Population: 1.4 Expiration Date 09/30/2009
Program Name: MAYFLOWER CENTER Legal Name: MAYFLOWER CENTER, LLC Address: 523 4TH STREET City, State: SAN RAFAEL, CA 94901 Phone #: (415)962-1551 Fax #: (415)460-5251	Record ID: 210024AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: NEW PERSPECTIVES Legal Name: PREVENTION RESOURCES, INC. Address: 171 CARLOS DRIVE City, State: SAN RAFAEL, CA 94903 Phone #: (415)444-5580 Fax #: (415)444-5598	Record ID: 210005BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: ALTA MIRA TREATMENT PROGRAM Legal Name: SAUSALITO ALTA MIRA, LLC Address: 126 HARRISON AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108	Record ID: 210027BP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2009
Program Name: ALTA MIRA TREATMENT PROGRAM Legal Name: SAUSALITO ALTA MIRA, LLC Address: 110 HARRISON AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)331-9377	Record ID: 210027AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 04/30/2009
Program Name: ALTA MIRA TREATMENT PROGRAM Legal Name: SAUSALITO ALTA MIRA, LLC Address: 125 BULKLEY AVENUE City, State: SAUSALITO, CA 94965 Phone #: (415)233-0178 Fax #: (415)332-2108	Record ID: 210027CP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Marin County

As of: 11/06/2007

Program Name: SERENITY KNOLLS

Legal Name: SERENITY KNOLLS

Address: 145 TAMAL ROAD

City, State: FOREST KNOLLS, CA 94933

Phone #: (415)488-0400

Record ID: 210011AP

Service Type: RES-DETOX

Resident Capacity: 30

Total Occupancy: 32

Target Population: 1.1

Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Mariposa County

As of: 11/06/2007

Program Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Record ID:	220002AN
Legal Name:	MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	NON
Address:	5037 STROMING ROAD	Resident Capacity:	0
City, State:	MARIPOSA, CA 95338	Total Occupancy:	0
Phone #:	(209)966-2000	Target Population:	1.1
Fax #:	(209)966-8251	Expiration Date	07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Mendocino County

Program Name: FORD STREET PROJECT	Record ID: 230004AN
Legal Name: FORD STREET PROJECT	Service Type: RES-DETOX
Address: 139 FORD STREET, GUEST HOUSE, APTS. B, C, D, E, F AND LIBRA	Resident Capacity: 55
City, State: UKIAH, CA 95482	Total Occupancy: 55
Phone #: (707)462-1934	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC	Record ID: 230006HN
Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 1120 SOUTH DORA STREET, SEE BELOW FOR CERTIFIED ROOMS	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)463-6893 Fax #: (707)463-6321	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC	Record ID: 230006EN
Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 221B SOUTH LENORE STREET, RMS 17,21,22,25,25A,27,28,29,31,32	Resident Capacity: 0
City, State: WILLITS, CA 95490	Total Occupancy: 0
Phone #: (707)472-2605 Fax #: (707)459-7746	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC	Record ID: 230006GN
Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 120 WEST FIR STREET, ROOMS 5-9,11,13,17,22,24,26,AND 28	Resident Capacity: 0
City, State: FORT BRAGG, CA 95437	Total Occupancy: 0
Phone #: (707)472-2605 Fax #: (707)472-2605	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: MENDOCINO COUNTY DIVISION OF ALCOHOL & OTHER DRUG PROC	Record ID: 230006DN
Legal Name: MENDOCINO COUNTY PUBLIC HEALTH DEPARTMENT	Service Type: NON
Address: 518 LOW GAP ROAD, BUILDING I	Resident Capacity: 0
City, State: UKIAH, CA 95482	Total Occupancy: 0
Phone #: (707)472-2605	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: YUKI TRAILS HUMAN SERVICE PROGRAM - A DEPARTMENT OF ROU	Record ID: 230007AN
Legal Name: ROUND VALLEY INDIAN HEALTH CENTER, INC.	Service Type: NON
Address: 23000 HENDERSON ROAD	Resident Capacity: 0
City, State: COVELO, CA 95428	Total Occupancy: 0
Phone #: (707)983-6648 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Merced County

Program Name: DAVE RIORDAN'S "HOBIE HOUSE"	Record ID: 240001BN
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 1299 AND 1301 YOSEMITE PARKWAY, 1931 AND 1941 HIGHLAND	Resident Capacity: 25
City, State: MERCED, CA 95340	Total Occupancy: 27
Phone #: (209)722-6335	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: THE ROSE JULIA RIORDAN TRANQUILITY VILLAGE	Record ID: 240001EN
Legal Name: COMMUNITY/SOCIAL MODEL ADVOCATES, INC.	Service Type: RES
Address: 509, 527, 559, 569 AND 579 MENDOCINO COURT	Resident Capacity: 56
City, State: ATWATER, CA 95301	Total Occupancy: 56
Phone #: (209)357-5269	Target Population: 1.4
	Expiration Date 11/30/2008
Program Name: THE CENTER	Record ID: 240003BN
Legal Name: MERCED COUNTY (DEPARTMENT OF MENTAL HEALTH - ALCOHOL	Service Type: NON
Address: 658 WEST MAIN STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6880 Fax #: (209)723-6220	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: RECOVERY ASSISTANCE FOR TEENS (R.A.F.T.)	Record ID: 240003AN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH - ALCOHOL A	Service Type: NON
Address: 808 WEST 16TH STREET	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6860 Fax #: (209)725-3810	Target Population: 1.5
	Expiration Date 07/31/2009
Program Name: MERCED COUNTY SACPA DRUG TREATMENT PROGRAM	Record ID: 240003CN
Legal Name: MERCED COUNTY DEPARTMENT OF MENTAL HEALTH ALCOHOL AN	Service Type: NON
Address: 2130 COOPER AVENUE	Resident Capacity: 0
City, State: MERCED, CA 95340	Total Occupancy: 0
Phone #: (209)381-6850	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: QUANTUM LEAP, INC.	Record ID: 240004AP
Legal Name: QUANTUM LEAP, INC.	Service Type: NON
Address: 22368 SOUTH 6TH STREET	Resident Capacity: 0
City, State: DOS PALOS, CA 93665	Total Occupancy: 0
Phone #: (559)696-0271 Fax #: (559)252-5004	Target Population: 1.5
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Modoc County

Program Name: MODOC COUNTY ALCOHOL AND DRUG SERVICES

Record ID: 250001AN

Legal Name: MODOC COUNTY HEALTH SERVICES

Service Type: NON

Address: 441 NORTH MAIN STREET, RMS - SEE BELOW FOR ALL ROOM NUMBERS

Resident Capacity: 0

City, State: ALTURUS, CA 96101

Total Occupancy: 0

Phone #: (530)233-6319

Fax #: (530)233-5311

Target Population: 1.1

Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Mono County

As of: 11/06/2007

Program Name: MONO COUNTY MANDATED SERVICES PROGRAM

Record ID: 260001CN

Legal Name: MONO COUNTY ALCOHOL AND DRUG PROGRAMS

Service Type: NON

Address: 452 OLD MAMMOTH ROAD, THIRD FLOOR SIERRA CENTER MAL

Resident Capacity: 0

City, State: MAMMOTH LAKES, CA 93546

Total Occupancy: 0

Phone #: (760)924-1740

Fax #: (760)924-1741

Target Population: 1.1

Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Monterey County

Program Name: BEACON HOUSE	Record ID: 270001AN
Legal Name: BEACON HOUSE	Service Type: RES-DETOX
Address: 468 PINE AVENUE	Resident Capacity: 17
City, State: PACIFIC GROVE, CA 93950	Total Occupancy: 17
Phone #: (831)372-2334	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: GENESIS RESIDENTIAL CENTER	Record ID: 270004AN
Legal Name: COMMUNITY HUMAN SERVICES	Service Type: RES-DETOX
Address: 1140, 1146, AND 1152 SONOMA AVENUE	Resident Capacity: 36
City, State: SEASIDE, CA 93955	Total Occupancy: 42
Phone #: (831)899-2436 Fax #: (831)658-3815	Target Population: 1.1
	Expiration Date 11/30/2009
Program Name: DOOR TO HOPE	Record ID: 270002AN
Legal Name: DOOR TO HOPE	Service Type: RES
Address: 165 CLAY STREET	Resident Capacity: 14
City, State: SALINAS, CA 93901	Total Occupancy: 14
Phone #: (831)422-6226 Fax #: (831)758-5127	Target Population: 1.3
	Expiration Date 03/31/2008
Program Name: NUEVA ESPERANZA	Record ID: 270002BN
Legal Name: DOOR TO HOPE	Service Type: RES
Address: 325 CALIFORNIA STREET	Resident Capacity: 6
City, State: SALINAS, CA 93901	Total Occupancy: 16
Phone #: (831)422-2636 Fax #: (831)758-5127	Target Population: 1.3
	Expiration Date 03/31/2008
Program Name: DOOR TO HOPE	Record ID: 270002CN
Legal Name: DOOR TO HOPE, INC.	Service Type: NON
Address: 130 CHURCH STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)758-0181 Fax #: (831)758-5127	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: STIMULANT ABUSE RECOVERY CENTER	Record ID: 270018AP
Legal Name: LANDRUM, ANTHONY	Service Type: NON
Address: 432 SALINAS STREET	Resident Capacity: 0
City, State: SALINAS, CA 93901	Total Occupancy: 0
Phone #: (831)753-7756 Fax #: (831)753-7756	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: SUN STREET CENTER	Record ID: 270003AN
Legal Name: SUN STREET CENTERS	Service Type: RES-DETOX
Address: 8 SUN STREET	Resident Capacity: 54
City, State: SALINAS, CA 93901	Total Occupancy: 54
Phone #: (831)424-0427	Target Population: 1.2
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Monterey County

Program Name: SUN STREET CENTERS OUTPATIENT PROGRAM
Legal Name: SUN STREET CENTERS
Address: 517 SOUTH MAIN STREET
City, State: SALINAS, CA 93901
Phone #: (831)753-6001 Fax #: (831)753-5169

Record ID: 270003BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 338 MONTEREY STREET
City, State: SALINAS, CA 93901
Phone #: (831)424-6655 Fax #: (831)424-9717

Record ID: 270011AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2008

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 495 EL CAMINO REAL, SUITE K
City, State: GREENFIELD, CA 93927
Phone #: (831)674-1795 Fax #: (831)674-1795

Record ID: 270011CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2008

Program Name: VALLEY HEALTH ASSOCIATES
Legal Name: VALLEY HEALTH ASSOCIATES
Address: 114 WEBSTER STREET
City, State: MONTEREY, CA 93940
Phone #: (831)372-8392 Fax #: (831)674-1795

Record ID: 270011BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Napa County

Program Name: ALTERNATIVES FOR BETTER LIVING	Record ID: 280010AN
Legal Name: ALTERNATIVES FOR BETTER LIVING	Service Type: NON
Address: 701 SCHOOL STREET	Resident Capacity: 0
City, State: NAPA, CA 94559	Total Occupancy: 0
Phone #: (707)226-1248 Fax #: (707)226-8011	Target Population: 1.5
	Expiration Date 01/31/2009
Program Name: ALTERNATIVES FOR BETTER LIVING	Record ID: 280010BN
Legal Name: ALTERNATIVES FOR BETTER LIVING	Service Type: NON
Address: 832 SCHOOL STREET, SUITES 3, 5, AND 6	Resident Capacity: 0
City, State: NAPA, CA 94559	Total Occupancy: 0
Phone #: (707)226-1248	Target Population: 1.5
	Expiration Date 01/31/2009
Program Name: CRUTCHER'S SERENITY HOUSE	Record ID: 280001AP
Legal Name: CRUTCHER, ROBERT L.	Service Type: RES-DETOX
Address: 50 HILLCREST DRIVE	Resident Capacity: 19
City, State: DEER PARK, CA 94576	Total Occupancy: 19
Phone #: (707)963-3192	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: DUFFY'S MYRTLEDALE	Record ID: 280002AP
Legal Name: DUFFY'S MYRTLEDALE	Service Type: RES-DETOX
Address: 3076 MYRTLEDALE ROAD	Resident Capacity: 49
City, State: CALISTOGA, CA 94515	Total Occupancy: 49
Phone #: (707)942-6888	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: WOLFE CENTER	Record ID: 280016AN
Legal Name: LOYD WOLFE JUVENILE JUSTICE NETWORK	Service Type: NON
Address: 2310 FIRST STREET	Resident Capacity: 0
City, State: NAPA, CA 94559	Total Occupancy: 0
Phone #: (707)255-1855 Fax #: (707)255-5621	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: NAPA COUNTY ALCOHOL AND DRUG PROGRAMS	Record ID: 280003BN
Legal Name: NAPA COUNTY HEALTH AND HUMAN SERVICES	Service Type: NON
Address: 2344 OLD SONOMA ROAD, BUILDINGS C AND J	Resident Capacity: 0
City, State: NAPA, CA 94559	Total Occupancy: 0
Phone #: (707)253-4721	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: COLD SPRINGS	Record ID: 280015AP
Legal Name: PACIFICA PAIN MANAGEMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 415 COLD SPRINGS ROAD	Resident Capacity: 6
City, State: ANGWIN, CA 94508	Total Occupancy: 6
Phone #: (707)965-3538 Fax #: (707)965-1962	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Napa County

Program Name: PROJECT NINETY NAPA VALLEY

Legal Name: PROJECT NINETY

Address: 2100 NAPA VALLEJO HIGHWAY, NAPA STATE HOSPITAL, BUILD

City, State: NAPA, CA 94558

Phone #: (650)579-7881

Fax #: (650)579-2640

Record ID: 280014AN

Service Type: RES-DETOX

Resident Capacity: 55

Total Occupancy: 55

Target Population: 1.1

Expiration Date 09/30/2009

Program Name: WOODLAND HOUSE

Legal Name: ST. HELENA HOSPITAL

Address: 5 WOODLAND ROAD

City, State: ST. HELENA, CA 94576

Phone #: (707)963-6204

Fax #: (707)967-5627

Record ID: 280009AN

Service Type: RES

Resident Capacity: 13

Total Occupancy: 13

Target Population: 1.1

Expiration Date 12/31/2008

Program Name: ALCOHOL AND CHEMICAL RECOVERY PROGRAM (ACRP)

Legal Name: ST. HELENA HOSPITAL

Address: 10 WOODLAND ROAD

City, State: ST. HELENA, CA 94574

Phone #: (707)963-6388

Fax #: (707)963-5627

Record ID: 280009BN

Service Type: RES

Resident Capacity: 30

Total Occupancy: 30

Target Population: 1.1

Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Nevada County

Program Name: COMMON GOALS INC.	Record ID: 290007AP
Legal Name: COMMON GOALS INC.	Service Type: NON
Address: 725 & 727 ZION STREET	Resident Capacity: 0
City, State: NEVADA CITY, CA 95959	Total Occupancy: 0
Phone #: (530)265-2914 Fax #: (530)265-2974	Target Population: 1.5
	Expiration Date 09/30/2009
Program Name: COMMUNITY RECOVERY RESOURCE	Record ID: 290002AN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 440 HENDERSON STREET, SUITE C	Resident Capacity: 0
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 0
Phone #: (530)273-9541	Target Population: 1.10
	Expiration Date 06/30/2008
Program Name: COMMUNITY RECOVERY RESOURCES	Record ID: 290002DN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: NON
Address: 10015 PALISADES DRIVE, SUITE 1	Resident Capacity: 0
City, State: TRUCKEE, CA 96161	Total Occupancy: 0
Phone #: (530)587-8194	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: HOPE HOUSE	Record ID: 290002BN
Legal Name: COMMUNITY RECOVERY RESOURCES	Service Type: RES
Address: 303 BENNETT STREET	Resident Capacity: 10
City, State: GRASS VALLEY, CA 95945	Total Occupancy: 16
Phone #: (530)271-1140 Fax #: (530)273-7740	Target Population: 1.4
	Expiration Date 01/31/2009
Program Name: PROGRESS HOUSE CO-ED	Record ID: 290006AN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 145 BOST AVENUE	Resident Capacity: 19
City, State: NEVADA CITY, CA 95959	Total Occupancy: 19
Phone #: (530)265-9045 Fax #: (530)478-7977	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 25612 VIA SOLIS
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)388-1780 Fax #: (949)415-0574

Record ID: 300118AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 31882 CAMINO CAPISTRANO, # 220
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)493-6800 Fax #: (949)493-6832

Record ID: 300118BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.8
Expiration Date 01/31/2009

Program Name: ABLE TO CHANGE RECOVERY, INC.
Legal Name: ABLE TO CHANGE RECOVERY, INC.
Address: 31957 VIRGINIA WAY
City, State: LAGUNA BEACH, CA 92651
Phone #: (949)715-1731 Fax #: (949)493-6832

Record ID: 300118CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 01/31/2008

Program Name: ACADEMY OF DEFENSIVE DRIVING
Legal Name: ACADEMY OF DEFENSIVE DRIVING, INC.
Address: 31726 RANCHO VIEJO ROAD, SUITE 120
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)240-0115 Fax #: (949)433-5018

Record ID: 300139BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 2545 EAST CHAPMAN AVENUE, SUITE 112
City, State: FULLERTON, CA 92831
Phone #: (714)645-7874 Fax #: (949)645-0565

Record ID: 300104AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2008

Program Name: ACTION CONSULTANTS/THERAPY
Legal Name: ACTION CONSULTANTS/THERAPY
Address: 1670 SANTA ANA AVENUE, SUITE C, F, & N
City, State: COSTA MESA, CA 92627
Phone #: (949)645-7484 Fax #: (949)645-0565

Record ID: 300104BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 01/31/2008

Program Name: ACTION FAMILY COUNSELING INC
Legal Name: ACTION FAMILY COUNSELING, INC.
Address: 660 BAKER STREET, #417
City, State: COSTA MESA, CA 92626
Phone #: (714)424-0022 Fax #: (714)424-0040

Record ID: 300178AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: SEACLIFF RECOVERY CENTER	Record ID: 300152AP
Legal Name: ADRIENNE STRATTON, DARRYL FUJIHARA, MARC KASSOFF	Service Type: RES
Address: 225 7TH STREET	Resident Capacity: 16
City, State: HUNTINGTON BEACH, CA 92648	Total Occupancy: 17
Phone #: (714)960-0078	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM	Record ID: 300111AP
Legal Name: ALTA INSTITUTE, INCORPORATED	Service Type: NON
Address: 524 WEST COMMONWEALTH AVENUE, SUITE K	Resident Capacity: 0
City, State: FULLERTON, CA 92832	Total Occupancy: 0
Phone #: (714)680-0241 Fax #: (714)680-9538	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: CHEMICAL DEPENDENCY INTERVENTION PROGRAM	Record ID: 300111BP
Legal Name: ALTA INSTITUTE, INCORPORATED	Service Type: NON
Address: 1540 EAST EDINGER AVENUE, SUITE B	Resident Capacity: 0
City, State: SANTA ANA, CA 92705	Total Occupancy: 0
Phone #: (714)543-7844 Fax #: (714)680-0241	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ARMORR HOUSE RECOVERY, INC.	Record ID: 300192AP
Legal Name: ARMORR HOUSE RECOVERY, INC.	Service Type: RES-DETOX
Address: 1764 NORTH MORNINGSIDE STREET	Resident Capacity: 6
City, State: ORANGE, CA 92768	Total Occupancy: 10
Phone #: (714)544-0505 Fax #: (714)544-0436	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: FAMILY HEALING CENTER	Record ID: 300172AP
Legal Name: AVALON MEDICAL ASSOCIATES	Service Type: DETOX
Address: 2301 NEWPORT BOULEVARD	Resident Capacity: 0
City, State: COSTA MESA, CA 92627	Total Occupancy: 0
Phone #: (949)574-9547	Target Population: 1.1
Program Name: BALBOA HORIZONS RECOVERY SERVICES	Record ID: 300165AP
Legal Name: BALBOA HORIZONS RECOVERY SERVICES	Service Type: RES
Address: 1132 WEST BALBOA BOULEVARD	Resident Capacity: 11
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 11
Phone #: (714)608-3096 Fax #: (949)722-8125	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: BREAKAWAY PROGRAM	Record ID: 300065AP
Legal Name: BREAKAWAY HEALTH CORPORATION	Service Type: NON
Address: 3151 AIRWAY AVENUE, SUITE D-1	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)847-7585 Fax #: (714)848-5410	Target Population: 1.5
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Record ID: 300125BN
Legal Name: CALIFORNIA DIVERSION INTERVENTION FOUNDATION	Service Type: NON
Address: 1095 NORTH MAIN STREET, SUITE B	Resident Capacity: 0
City, State: ORANGE, CA 92867	Total Occupancy: 0
Phone #: (714)633-0502	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: UNIDOS RECOVERY HOME	Record ID: 300010AN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES-DETOX
Address: 9842 WEST 13TH STREET	Resident Capacity: 45
City, State: GARDEN GROVE, CA 92644	Total Occupancy: 46
Phone #: (714)531-4624	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: LA FAMILIA ALCOHOL AND DRUG SERVICES	Record ID: 300010DN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: NON
Address: 1905 NORTH COLLEGE AVENUE	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)479-0120 Fax #: (714)479-0153	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: CASA ELENA RECOVERY HOME	Record ID: 300010BN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL AND DRUG ABU	Service Type: RES
Address: 832 SOUTH ANAHEIM BOULEVARD	Resident Capacity: 6
City, State: ANAHEIM, CA 92801	Total Occupancy: 6
Phone #: (714)722-5580	Target Population: 1.3
	Expiration Date 07/31/2008
Program Name: CAPO BY THE SEA	Record ID: 300173AP
Legal Name: CAPO BY THE SEA, INC.	Service Type: RES-DETOX
Address: 26682 AVENIDA LAS PALMAS	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 8
Phone #: (949)661-8313 Fax #: (949)429-7885	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: CAPO BY THE SEA, INC.	Record ID: 300173BP
Legal Name: CAPO BY THE SEA, INC.	Service Type: NON
Address: 31521 RANCHO VIEJO ROAD, #101	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)874-1332 Fax #: (949)661-1264	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: THE CHAPMAN HOUSE	Record ID: 300105AP
Legal Name: CHAPMAN HOUSE, INC.	Service Type: RES-DETOX
Address: 3806 EAST ROBERTA DRIVE	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 7
Phone #: (714)288-9779 Fax #: (714)538-9779	Target Population: 1.1
	Expiration Date 12/31/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 1412 EAST CHAPMAN AVENUE City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)538-9779	Record ID: 300105BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 234 NORTH GLASSELL STREET City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)288-6130	Record ID: 300105HP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: CHAPMAN HOUSE, INC. Legal Name: CHAPMAN HOUSE, INC. Address: 207 SOUTH ESPLANADE City, State: ORANGE, CA 92869 Phone #: (714)288-9779 Fax #: (714)538-9779	Record ID: 300105FP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: CHAPMAN HOUSE, INCORPORATED Legal Name: CHAPMAN HOUSE, INCORPORATED Address: 1815 EAST PALM AND 305 NORTH OAK City, State: ORANGE, CA 92866 Phone #: (714)288-9779 Fax #: (714)538-9779	Record ID: 300105DP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: JOURNEY REHABILITATION CENTERS Legal Name: CHERIE KNOFF Address: 23551 VENISIA City, State: LAGUNA HILLS, CA 92653 Phone #: (949)916-4304 Fax #: (949)581-5360	Record ID: 300187AP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 05/31/2008
Program Name: C.A.R.E. COUNSELING CENTER Legal Name: CHILD ABUSE RECOVERY, ETC. Address: 1614 EAST 17TH STREET, SUITE D City, State: SANTA ANA, CA 92701 Phone #: (717)836-9900 Fax #: (717)836-9090	Record ID: 300113BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: COASTAL FAMILY THERAPY SERVICES Legal Name: COASTAL FAMILY THERAPY SERVICES Address: 1101 DOVE STREET SUITE 160 City, State: NEWPORT BEACH, CA 92660 Phone #: (949)851-5022	Record ID: 300103BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS/CAMINO NUEVO	Record ID: 300106CP
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 1615 FRENCH STREET, SUITES 101, 103, 203, 204, 205 AND 207	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)824-8150 Fax #: (714)824-8151	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: COLLEGE COMMUNITY SERVICES/CALWORKS (CCS/CW)	Record ID: 300106BP
Legal Name: COLLEGE COMMUNITY SERVICES	Service Type: NON
Address: 631 SOUTH BROOKHURST STREET, SUITE 106	Resident Capacity: 0
City, State: ANAHEIM, CA 92804	Total Occupancy: 0
Phone #: (714)490-7711 Fax #: (714)490-7717	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: COMEBACK RECOVERY	Record ID: 300122BP
Legal Name: COMEBACK RECOVERY HOUSE	Service Type: RES-DETOX
Address: 1249 NORTH BROOKHURST STREET	Resident Capacity: 6
City, State: ANAHEIM, CA 92801	Total Occupancy: 6
Phone #: (714)778-3661 Fax #: (714)279-9933	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: COMEBACK HOUSE PRIMARY RECOVERY	Record ID: 300122AP
Legal Name: COMEBACK RECOVERY HOUSE	Service Type: RES-DETOX
Address: 803 SOUTH GILBERT STREET	Resident Capacity: 6
City, State: ANAHEIM, CA 92804	Total Occupancy: 6
Phone #: (714)236-9556 Fax #: (714)628-9607	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CONNOR RANCH TREATMENT CENTER	Record ID: 300174AP
Legal Name: CONNOR RANCH	Service Type: RES-DETOX
Address: 18021 NEWLAND	Resident Capacity: 6
City, State: HUNTINGTON BEACH, CA 92646	Total Occupancy: 6
Phone #: (714)842-0392	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: COOPER FELLOWSHIP	Record ID: 300029AN
Legal Name: COOPER FELLOWSHIP, INC.	Service Type: RES
Address: 401,405,409,413,417, AND 421 NORTH COOPER STREET	Resident Capacity: 71
City, State: SANTA ANA, CA 92703	Total Occupancy: 71
Phone #: (714)554-1152 Fax #: (714)265-4870	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - ANAHEIM	Record ID: 300006LN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 2035 BALL ROAD, SUITES 100A AND 100P	Resident Capacity: 0
City, State: ANAHEIM, CA 92805	Total Occupancy: 0
Phone #: (714)934-4670 Fax #: (714)667-3968	Target Population: 1.1
	Expiration Date 12/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: ALCOHOL AND DRUG ABUSE SERVICES - NEWPORT/MESA	Record ID: 300006IN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 3115 REDHILL AVENUE	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)834-3602	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ALISO VIEJO ALCOHOL & DRUG ABUSE SERVICES	Record ID: 300006GN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 5 MAREBLU, SUITE 200	Resident Capacity: 0
City, State: ALISO VIEJO, CA 92656	Total Occupancy: 0
Phone #: (714)834-3602	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - WESTMINSTER	Record ID: 300006DN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 14140 BEACH BOULEVARD, ROOM 120 AND 200	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)834-3602	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - SANTA ANA	Record ID: 300006BN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 1200 NORTH MAIN STREET, SUITES 100B AND 301	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)834-3602	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: ALCOHOL AND DRUG ABUSE SERVICES - FULLERTON	Record ID: 300006AN
Legal Name: COUNTY OF ORANGE HEALTH CARE AGENCY	Service Type: NON
Address: 211 WEST COMMONWEALTH, SUITE 204	Resident Capacity: 0
City, State: FULLERTON, CA 92632	Total Occupancy: 0
Phone #: (714)834-3602	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: DIVERSIFIED COUNSELING SERVICES-LAGUNA HILLS	Record ID: 300110AP
Legal Name: DIVERSIFIED COUNSELING SERVICES, INC.	Service Type: NON
Address: 23185 LA CADENA DRIVE, SUITE 102	Resident Capacity: 0
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 0
Phone #: (949)455-0744 Fax #: (949)455-9822	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: DIVERSIFIED COUNSELING SERVICES, INC.	Record ID: 300110HP
Legal Name: DIVERSIFIED COUNSELING SERVICES, INC.	Service Type: NON
Address: 1440 EAST 1ST STREET, SUITE 460	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)667-1196 Fax #: (714)667-1199	Target Population: 1.1
	Expiration Date 08/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: DIVERSIFIED COUNSELING SERVICES, INC. Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 720 NORTH VALLEY STREET, SUITE J City, State: ANAHEIM, CA 92801 Phone #: (714)758-9920 Fax #: (714)758-9538	Record ID: 300110FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: DIVERSIFIED COUNSELING SERVICES-WESTMINSTER Legal Name: DIVERSIFIED COUNSELING SERVICES, INC. Address: 13672 GOLDENWEST STREET, SUITE I City, State: WESTMINSTER, CA 92683 Phone #: (714)895-0933 Fax #: (714)895-0933	Record ID: 300110CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 07/31/2008
Program Name: ESSENCE TREATMENT OPTIONS Legal Name: ESSENCE HOUSE, LLC Address: 1305 AVENIDA DE LA ESTRELLA City, State: SAN CLEMENTE, CA 92672 Phone #: (949)290-1653 Fax #: (949)234-0582	Record ID: 300176AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: ESSENCE HOUSE Legal Name: ESSENCE HOUSE, LLC Address: 33931 MALAGA DRIVE, UNIT A AND UNIT B City, State: DANA POINT, CA 92626 Phone #: (949)489-5738 Fax #: (949)369-0656	Record ID: 300176BP Service Type: RES-DETOX Resident Capacity: 9 Total Occupancy: 9 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 647 JOANN STREET City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200	Record ID: 300179AP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 01/31/2008
Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 1199 BOISE WAY City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200 Fax #: (949)650-4047	Record ID: 300179CP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: FIRST HOUSE RECOVERY CENTER Legal Name: FIRST HOUSE, LLC Address: 653 JOANN STREET City, State: COSTA MESA, CA 92627 Phone #: (949)233-8200	Record ID: 300179BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 02/29/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: GENESIS RECOVERY CENTERS Legal Name: GENESIS ORGANIZATION, INC. Address: 10095 DECIMA DRIVE City, State: WESTMINSTER, CA 92683 Phone #: (714)839-2639 Fax #: (714)534-2521	Record ID: 300191AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009
Program Name: ALTERNATIVE OPTIONS Legal Name: GEORGE W. BERNIER, PH.D. Address: 101 SOUTH KRAEMER BOULEVARD, SUITE # 230 City, State: PLACENTIA, CA 92870 Phone #: (714)995-0359	Record ID: 300186AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: GOLD COAST COUNSELING CENTER, INCORPORATED Legal Name: GOLD COAST COUNSELING CENTER, INCORPORATED Address: 26081 MERIT CIRCLE, SUITE 123 City, State: LAGUNA HILLS, CA 92653 Phone #: (949)347-8885 Fax #: (714)754-7644	Record ID: 300138AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2008
Program Name: OPPORTUNITY HOUSE Legal Name: HALF-WAY HOME, INC. Address: 13212 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)971-9327 Fax #: (714)968-5867	Record ID: 300114BN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 12/31/2008
Program Name: CACTUS GARDENS Legal Name: HALF-WAY HOME, INC. Address: 13222 CHAPMAN AVENUE City, State: GARDEN GROVE, CA 92650 Phone #: (714)703-9492 Fax #: (714)968-5867	Record ID: 300114AN Service Type: RES Resident Capacity: 20 Total Occupancy: 20 Target Population: 1.2 Expiration Date 12/31/2008
Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC. Legal Name: HARBOR WOOD SERVICES, INC. Address: 324 WEST 4TH STREET, SUITE E City, State: SANTA ANA, CA 92705 Phone #: (714)547-1404 Fax #: (714)550-4677	Record ID: 300133BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC. Legal Name: HARBOR WOOD SERVICES, INC. Address: 14032 ENDERLE CENTER DRIVE, SUITE 214 City, State: TUSTIN, CA 92780 Phone #: (714)669-9396 Fax #: (714)978-1087	Record ID: 300133DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: ACM RECOVERY, A DIVISION OF HARBOR WOOD SERVICES, INC.	Record ID: 300133EN
Legal Name: HARBOR WOOD SERVICES, INC.	Service Type: NON
Address: 25251 PASEO DE ALICIA, SUITE # 100	Resident Capacity: 0
City, State: LAGUNA HILLS, CA 92653	Total Occupancy: 0
Phone #: (949)699-3413 Fax #: (714)978-1087	Target Population: 1.5
	Expiration Date 04/30/2009
 Program Name: ACM RECOVERY	 Record ID: 300133AN
Legal Name: HARBOR WOOD SERVICES, INC.	Service Type: NON
Address: 1820 WEST ORANGEWOOD, SUITE 106	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)978-1090 Fax #: (714)978-1087	Target Population: 1.1
	Expiration Date 11/30/2007
 Program Name: HEALTHCARE MANAGEMENT COMPANY OF AMERICA	 Record ID: 300142BP
Legal Name: HEALTHCARE MANAGEMENT COMPANY OF AMERICA	Service Type: RES-DETOX
Address: 55 FULTON	Resident Capacity: 6
City, State: IRVINE, CA 92620	Total Occupancy: 10
Phone #: (949)387-1141 Fax #: (949)387-1142	Target Population: 1.1
	Expiration Date 02/29/2008
 Program Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE	 Record ID: 300188AP
Legal Name: HEALTHCARE SERVICES, INC., THE LIGHTHOUSE	Service Type: RES
Address: 1300 AND 1310 WEST PEARL STREET AND 1320 WEST PEARL ST.,	Resident Capacity: 72
City, State: ANAHEIM, CA 92801	Total Occupancy: 72
Phone #: (714)384-3970 Fax #: (714)384-3876	Target Population: 1.3
	Expiration Date 05/31/2008
 Program Name: HOPE BY THE SEA, INC.	 Record ID: 300149AP
Legal Name: HOPE BY THE SEA, INC.	Service Type: RES-DETOX
Address: 23822 STILLWATER LANE	Resident Capacity: 6
City, State: LAGUNA NIGUEL, CA 92677	Total Occupancy: 8
Phone #: (949)715-7773 Fax #: (949)218-1957	Target Population: 1.1
	Expiration Date 08/31/2009
 Program Name: HOPE BY THE SEA, INC.	 Record ID: 300149BP
Legal Name: HOPE BY THE SEA, INC.	Service Type: NON
Address: 27412 CALLE ARROYO	Resident Capacity: 0
City, State: SAN JUAN CAPISTRANO, CA 92675	Total Occupancy: 0
Phone #: (949)218-2690 Fax #: (949)218-1597	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: HOPE HOUSE	 Record ID: 300034AN
Legal Name: HOPE HOUSE CORPORATION	Service Type: RES
Address: 710 AND 714 NORTH ANAHEIM BOULEVARD	Resident Capacity: 56
City, State: ANAHEIM, CA 92805	Total Occupancy: 56
Phone #: (714)776-7490 Fax #: (714)776-8650	Target Population: 1.1
	Expiration Date 11/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: CORDES COUNSELING CENTER	Record ID: 300195AP
Legal Name: HUMAN ARROWS, INC.	Service Type: NON
Address: 27001 LA PAZ ROAD, #266B	Resident Capacity: 0
City, State: MISSION VIEJO, CA 92691	Total Occupancy: 0
Phone #: (949)380-1717 Fax #: (949)380-1718	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: K. C. SERVICES	Record ID: 300107EN
Legal Name: KOREAN COMMUNITY SERVICES, INC.	Service Type: NON
Address: 7281 GARDEN GROVE BOULEVARD, SUITE H	Resident Capacity: 0
City, State: GARDEN GROVE, CA 92844	Total Occupancy: 0
Phone #: (714)539-4544	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: K. C. SERVICES	Record ID: 300107CN
Legal Name: KOREAN COMMUNITY SERVICES, INC.	Service Type: NON
Address: 14795 JEFFREY ROAD, SUITE 207	Resident Capacity: 0
City, State: IRVINE, CA 92680	Total Occupancy: 0
Phone #: (949)654-9163	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: KOREAN COMMUNITY SERVICES	Record ID: 300107DN
Legal Name: KOREAN COMMUNITY SERVICES, INC.	Service Type: NON
Address: 1050 AND 1060 BROOKHURST	Resident Capacity: 0
City, State: FULLERTON, CA 92833	Total Occupancy: 0
Phone #: (714)449-1339 Fax #: (714)449-1289	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: LAGUNA BEACH RECOVERY CENTER	Record ID: 300197AP
Legal Name: LAGUNA BEACH RECOVERY, INC.	Service Type: RES-DETOX
Address: 322, 324, & 326 THALIA STREET	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)715-2566 Fax #: (760)778-5298	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: LAGUNA BEACH RECOVERY, INC.	Record ID: 300197BP
Legal Name: LAGUNA BEACH RECOVERY, INC.	Service Type: NON
Address: 316 THALIA STREET	Resident Capacity: 0
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 0
Phone #: (949)903-9309	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: MARIPOSA WOMEN AND FAMILY CENTER	Record ID: 300005AN
Legal Name: MARIPOSA WOMEN'S CENTER, INC.	Service Type: NON
Address: 812 TOWN AND COUNTRY ROAD	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)547-6494	Target Population: 1.3
	Expiration Date 12/31/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: DUAL DIAGNOSIS TREATMENT CENTER, INC.
Legal Name: MED PRO TREATMENT CENTERS, INC.
Address: 209 AVENIDA FABRICANTE, SUITE 100
City, State: SAN CLEMENTE, CA 92672
Phone #: (949)369-1300 Fax #: (949)498-2619

Record ID: 300131BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2008

Program Name: MIRAMAR RECOVERY
Legal Name: MIRAMAR HEALTH, INC.
Address: 339 JASMINE STREET
City, State: LAGUNA BEACH, CA 92651
Phone #: (888)300-3210 Fax #: (949)644-1690

Record ID: 300182AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 01/31/2008

Program Name: MORNINGSIDE RECOVERY, LLC
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1769-A ANAHEIM STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)675-0006 Fax #: (949)675-0007

Record ID: 300168BP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 12/31/2007

Program Name: MORNINGSIDE RECOVERY, LLC
Legal Name: MORNINGSIDE RECOVERY, LLC
Address: 1769-B ANAHEIM STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)675-0006 Fax #: (949)675-0007

Record ID: 300168CP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 12/31/2007

Program Name: CHANGES FOR RECOVERY
Legal Name: MUCKER, MILTON
Address: 300 NORTH TUSTIN AVENUE, SUITE 201
City, State: SANTA ANA, CA 92705
Phone #: (714)541-4007 Fax #: (714)541-2779

Record ID: 300097BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2009

Program Name: THE RECOVERY CENTER
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 1110 VICTORIA STREET
City, State: COSTA MESA, CA 92627
Phone #: (949)646-2340

Record ID: 300067AP
Service Type: RES
Resident Capacity: 38
Total Occupancy: 41
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: RELAPSE PREVENTION PROGRAM
Legal Name: NANCY CLARK AND ASSOCIATES, INC.
Address: 471 OLD NEWPORT ROAD, SUITE 101
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)631-0550 Fax #: (949)631-4589

Record ID: 300115AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: NARCONON SOUTHERN CALIFORNIA, INC. Legal Name: NARCONON SOUTHERN CALIFORNIA Address: 1810 WEST OCEAN FRONT City, State: NEWPORT BEACH, CA 92663 Phone #: (800)876-6378	Record ID: 300077AN Service Type: RES-DETOX Resident Capacity: 27 Total Occupancy: 49 Target Population: 1.1 Expiration Date: 02/28/2008
Program Name: NATIONAL THERAPEUTIC SERVICES, INC. - THE RAP CENTER Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 660 WEST BAKER STREET, SUITE 421 City, State: COSTA MESA, CA 92626 Phone #: (714)432-0727 Fax #: (714)432-1928	Record ID: 300159CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 02/28/2009
Program Name: THE JOSHUA HOUSE Legal Name: NATIONAL THERAPEUTIC SERVICES, INC. Address: 209 EAST 18TH STREET City, State: COSTA MESA, CA 92627 Phone #: (714)432-0727 Fax #: (714)432-1928	Record ID: 300159AP Service Type: RES Resident Capacity: 13 Total Occupancy: 14 Target Population: 1.1 Expiration Date: 06/30/2008
Program Name: NEW DIRECTIONS FOR WOMEN, INC. Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2607 WILLO LANE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328	Record ID: 300007GN Service Type: RES Resident Capacity: 18 Total Occupancy: 18 Target Population: 1.8 Expiration Date: 11/30/2009
Program Name: NEW DIRECTIONS FOR WOMEN/PROGRAM FOR WOMEN WITH CHILI Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 334 UNIVERSITY AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-3292	Record ID: 300007FN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.4 Expiration Date: 10/31/2009
Program Name: NEW DIRECTIONS FOR WOMEN OUTPATIENT PROGRAM Legal Name: NEW DIRECTIONS FOR WOMEN, INC. Address: 2603 WILLO AVENUE City, State: COSTA MESA, CA 92627 Phone #: (949)548-5546 Fax #: (949)548-5328	Record ID: 300007JN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date: 03/14/2008
Program Name: NEW LIFE SPIRIT RECOVERY, INC. Legal Name: NEW LIFE SPIRIT RECOVERY, INC. Address: 18652 FLORIDA STREET, SUITE 245 City, State: HUNTINGTON BEACH, CA 92648 Phone #: (714)841-1906	Record ID: 300190AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date: 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: NEWPORT COAST RECOVERY, L.P.	Record ID: 300156AP
Legal Name: NEWPORT COAST RECOVERY, L.P.	Service Type: RES
Address: 1216 WEST BALBOA BOULEVARD	Resident Capacity: 29
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 29
Phone #: (949)723-3155 Fax #: (949)673-9026	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: NEWPORT HARBOR RECOVERY	Record ID: 300112BN
Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC.	Service Type: RES
Address: 382 HAMILTON STREET, UNITS A & B	Resident Capacity: 12
City, State: COSTA MESA, CA 92626	Total Occupancy: 15
Phone #: (949)645-5775 Fax #: (949)645-7222	Target Population: 1.2
	Expiration Date 11/30/2008
Program Name: NEWPORT HARBOR RECOVERY	Record ID: 300112FN
Legal Name: NEWPORT HARBOR RECOVERY SERVICES, INC.	Service Type: RES
Address: 396 HAMILTON STREET, UNIT C	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)645-5775 Fax #: (949)645-7222	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: OASIS TREATMENT CENTER	Record ID: 300025AP
Legal Name: OASIS TREATMENT CENTER, INC.	Service Type: RES
Address: 222 WEST BALL ROAD	Resident Capacity: 16
City, State: ANAHEIM, CA 92805	Total Occupancy: 22
Phone #: (714)991-4673	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: SOLUTIONS BY THE SEA	Record ID: 300144AP
Legal Name: OCEAN RECOVERY L.L.C.	Service Type: RES
Address: 1601 WEST BALBOA BOULEVARD	Resident Capacity: 16
City, State: NEWPORT BEACH, CA 92663	Total Occupancy: 16
Phone #: (949)723-2388	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: OCEAN RECOVERY 1115	Record ID: 300144BP
Legal Name: OCEAN RECOVERY, L.L.C.	Service Type: RES
Address: 1115 WEST BALBOA BOULEVARD	Resident Capacity: 22
City, State: NEWPORT BEACH, CA 92661	Total Occupancy: 22
Phone #: (949)723-2388 Fax #: (949)723-1288	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: ORANGE COUNTY BAR FOUNDATION STOP SHORT OF ADDICTION	Record ID: 300164AN
Legal Name: ORANGE COUNTY BAR FOUNDATION, INC.	Service Type: NON
Address: 313 NORTH BIRCH, 2ND FLOOR	Resident Capacity: 0
City, State: SANTA ANA, CA 92701	Total Occupancy: 0
Phone #: (714)480-1925 Fax #: (714)480-1933	Target Population: 1.5
	Expiration Date 02/28/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: ORANGE COUNTY DETOX	Record ID: 300169AP
Legal Name: ORANGE COUNTY DETOX, INC.	Service Type: RES-DETOX
Address: 536-B HAMILTON STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)279-2116 Fax #: (949)554-0833	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: ORANGE COUNTY REHAB	Record ID: 300169BP
Legal Name: ORANGE COUNTY DETOX, INC.	Service Type: RES
Address: 546 HAMILTON STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)548-0801 Fax #: (949)548-0804	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: ORANGE COUNTY HALFWAY HOUSE	Record ID: 300160AN
Legal Name: ORANGE COUNTY HALFWAY HOUSE, INC.	Service Type: RES
Address: 12702 JOSEPHINE STREET	Resident Capacity: 47
City, State: GARDEN GROVE, CA 92641	Total Occupancy: 47
Phone #: (714)636-8222 Fax #: (714)636-0831	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 300117AN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 655 CAMINO DE LOS MARES, SUITE 120	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 0
Phone #: (949)487-1015 Fax #: (949)487-2840	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 300117BN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 13950 MILTON STREET, SUITE 306	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)379-4484 Fax #: (714)379-5009	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PACIFIC HILLS TREATMENT CENTER	Record ID: 300074CP
Legal Name: PACIFIC HILLS TREATMENT CENTER, INC.	Service Type: RES
Address: 34248 VIA SANTA ROSA, APARTMENTS A, B, AND C	Resident Capacity: 14
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 14
Phone #: (949)489-8121 Fax #: (949)369-7261	Target Population: 1.3
	Expiration Date 11/30/2008
Program Name: PACIFIC HILLS TREATMENT CENTERS	Record ID: 300074BP
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.	Service Type: RES
Address: 217 AND 219 AVENIDA MONTEREY	Resident Capacity: 24
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 24
Phone #: (949)248-5335 Fax #: (949)248-4275	Target Population: 1.1
	Expiration Date 08/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Legal Name: PACIFIC HILLS TREATMENT CENTERS, INC.
Address: 27127 CALLE ARROYO, SUITE 1907
City, State: SAN JUAN CAPISTRANO, CA 92675
Phone #: (949)443-1888 Fax #: (949)443-1886

Record ID: 300074DP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 10/31/2007

Program Name: PAT MOORE FOUNDATION
Legal Name: PAT MOORE FOUNDATION
Address: 2560 NEWPORT BOULEVARD, UNITS 1-22
City, State: COSTA MESA, CA 92627
Phone #: (714)546-2200 Fax #: (949)764-9288

Record ID: 300136JN
Service Type: RES-DETOX
Resident Capacity: 44
Total Occupancy: 44
Target Population: 1.1
Expiration Date 07/31/2008

Program Name: KARMEN EAP, INTERNATIONAL
Legal Name: PAYNE, KARMEN M.
Address: 660 WEST BAKER, SUITE 219B
City, State: COSTA MESA, CA 92626
Phone #: (714)556-5569 Fax #: (714)556-5911

Record ID: 300126AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: **
Expiration Date 05/31/2009

Program Name: PHOENIX HOUSE
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDING A
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033AN
Service Type: RES
Resident Capacity: 85
Total Occupancy: 85
Target Population: 1.1
Expiration Date 08/31/2008

Program Name: PHOENIX HOUSE
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDINGS C-F
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1

Program Name: PHOENIX HOUSE
Legal Name: PHOENIX HOUSE ORANGE COUNTY, INC.
Address: 1207 EAST FRUIT STREET, BUILDING B
City, State: SANTA ANA, CA 92701
Phone #: (714)953-9373

Record ID: 300033CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 09/30/2007

Program Name: DR. WILLA'S HOUSE
Legal Name: PHYSICIANS NUTRACEUTICAL RESEARCH, INC.
Address: 140 AVENIDA ALGODON, UNIT B
City, State: SAN CLEMENTE, CA 92672
Phone #: (888)508-3371 Fax #: (888)508-3372

Record ID: 300189BP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: DR. WILLA'S HOUSE	Record ID: 300189AP
Legal Name: PHYSICIANS NUTRACEUTICALS RESEARCH, INC.	Service Type: RES-DETOX
Address: 140 AVENIDA ALGODON, UNIT A	Resident Capacity: 6
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 6
Phone #: (888)508-3371 Fax #: (888)508-3372	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: DR. WILLA'S HOUSE	Record ID: 300189CP
Legal Name: PHYSICIANS NUTRCACEUTICAL RESEARCH, INC.	Service Type: RES-DETOX
Address: 140 AVENIDA ALGODON, UNIT C	Resident Capacity: 6
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 6
Phone #: (888)508-3371 Fax #: (888)508-3372	Target Population: 1.3
	Expiration Date 07/31/2008
Program Name: CORNERSTONE #19	Record ID: 300017WP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 3735 EAST SPRING STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: CORNERSTONE RECOVERY HOME #18	Record ID: 300017VP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 757 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 08/31/2009
Program Name: CORNERSTONE RECOVERY HOME 16	Record ID: 300017TP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 235 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-5399	Target Population: 1.3
	Expiration Date 08/31/2008
Program Name: CORNERSTONE RECOVERY HOME 15	Record ID: 300017SP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 700 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 11
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: CORNERSTONE RECOVERY HOME #14	Record ID: 300017PP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 1612 EAST FRUIT STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92701	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 8	Record ID: 300017OP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13672 YORBA STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 10
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CORNERSTONE RECOVERY HOME - HOUSE 12	Record ID: 300017NP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 581 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: CORNERSTONE RECOVERY HOME - ALMOND 3-A	Record ID: 300017MP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 2605 EAST ALMOND AVENUE, UNIT A	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 7
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: CORNERSTONE RECOVERY HOME M-10	Record ID: 300017LP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 3310 MAPLE AVENUE	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 11
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: CORNERSTONE RECOVERY HOME Y-11	Record ID: 300017KP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 880 YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: CORNERSTONE #9	Record ID: 300017JP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 2217 NORTH WRIGHT STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 07/31/2007
Program Name: CORNERSTONE RECOVERY HOME #6	Record ID: 300017IP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 13861 ESPLANADE	Resident Capacity: 6
City, State: SANTA ANA, CA 92705	Total Occupancy: 8
Phone #: (714)547-4300 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 07/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: CORNERSTONE #5	Record ID: 300017HP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 2641 OLD GRAND	Resident Capacity: 6
City, State: SANTA ANA, CA 92701	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 07/31/2009
Program Name: CORNERSTONE RECOVERY HOME 17	Record ID: 300017UP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 225 SOUTH PROSPECT	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.3
	Expiration Date 08/31/2008
Program Name: CORNERSTONE #2	Record ID: 300017GP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 13022 YORBA STREET	Resident Capacity: 6
City, State: SANTA ANA, CA 92705	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)730-3505	Target Population: 1.2
	Expiration Date 07/31/2009
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA OUTPATIENT SERVICE	Record ID: 300017FP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: NON
Address: 1950 EAST 17TH STREET, SUITE 150	Resident Capacity: 0
City, State: SANTA ANA, CA 92705	Total Occupancy: 0
Phone #: (714)547-4300	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 4	Record ID: 300017DP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13671 ROSALIND STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 8
Phone #: (714)730-5399 Fax #: (714)710-7100	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CORNERSTONE 1	Record ID: 300017AP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 13682 YORBA STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 10
Phone #: (714)730-5399	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 7	Record ID: 300017CP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES-DETOX
Address: 13681 ROSALIND STREET	Resident Capacity: 6
City, State: TUSTIN, CA 92780	Total Occupancy: 10
Phone #: (714)730-5399 Fax #: (714)710-7100	Target Population: 1.3
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: CORNERSTONE OF SOUTHERN CALIFORNIA 3	Record ID: 300017BP
Legal Name: RECOVERY HOMES OF AMERICA, INC.	Service Type: RES
Address: 427 SOUTH YORBA STREET	Resident Capacity: 6
City, State: ORANGE, CA 92869	Total Occupancy: 8
Phone #: (714)730-5399	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: ROQUE CENTER	Record ID: 300015AN
Legal Name: ROQUE CENTER, INC.	Service Type: RES-DETOX
Address: 9842 WEST 13TH STREET	Resident Capacity: 80
City, State: GARDEN GROVE, CA 92644	Total Occupancy: 81
Phone #: (714)839-0607	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN	Record ID: 300154AP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN	Service Type: RES
Address: 240 KNOX STREET	Resident Capacity: 8
City, State: COSTA MESA, CA 92627	Total Occupancy: 8
Phone #: (949)645-1026 Fax #: (949)645-1026	Target Population: 1.1
	Expiration Date 11/30/2009
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Record ID: 300154BP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Service Type: RES
Address: 236 KNOX STREET	Resident Capacity: 8
City, State: COSTA MESA, CA 92627	Total Occupancy: 8
Phone #: (949)645-1026 Fax #: (949)645-1026	Target Population: 1.3
	Expiration Date 02/28/2008
Program Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC., 3	Record ID: 300154CP
Legal Name: SAFE HARBOR TREATMENT CENTER FOR WOMEN, INC.	Service Type: RES
Address: 930 MAGELLAN STREET	Resident Capacity: 6
City, State: COSTA MESA, CA 92626	Total Occupancy: 6
Phone #: (949)645-1026 Fax #: (714)242-6775	Target Population: 1.3
	Expiration Date 10/31/2008
Program Name: SENTENCING CONCEPTS	Record ID: 300079AP
Legal Name: SENTENCING CONCEPTS, INC.	Service Type: NON
Address: 304 WEST CERRITOS AVENUE, BUILDING 7	Resident Capacity: 0
City, State: ANAHEIM, CA 92805	Total Occupancy: 0
Phone #: (714)778-6495	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: SENTENCING CONCEPTS	Record ID: 300079CP
Legal Name: SENTENCING CONCEPTS, INC.	Service Type: NON
Address: 23131 LAKE CENTER DRIVE, SUITE F	Resident Capacity: 0
City, State: LAKE FOREST, CA 92630	Total Occupancy: 0
Phone #: (949)465-0740 Fax #: (949)465-0741	Target Population: 1.1
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: SERENITY RECOVERY CENTER, INC.
Legal Name: SERENITY RECOVERY CENTER, INC.
Address: 14511 CARFAX DRIVE, #C
City, State: TUSTIN, CA 92780
Phone #: (714)368-0500 Fax #: (714)368-0500

Record ID: 300180AP
Service Type: RES
Resident Capacity: 30
Total Occupancy: 30
Target Population: 1.1
Expiration Date 06/30/2008

Program Name: DAS DRUG DIVERSION PROGRAM
Legal Name: SHOEMAKER, DAVID A.
Address: 615 NORTH BERRY STREET, SUITE J
City, State: BREA, CA 92821
Phone #: (714)255-1873

Record ID: 300129AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 4500 AND 4504 SEASHORE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044CCP
Service Type: RES
Resident Capacity: 12
Total Occupancy: 14
Target Population: 1.3
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 5101 RIVER, UNIT B
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044UP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 102 VIA ANTIBES
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044BBP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 125-1/2 39TH STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044AAP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 125 39TH STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044ZP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 100 VIA ANTIBES
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044YP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 122 45TH STREET, UNIT B
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044RP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 3980 SEASHORE DRIVE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044XP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 3960 SEASHORE DRIVE
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044WP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 5101 RIVER, UNIT A
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044VP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 07/31/2008

Program Name: THE VICTORIAN HOUSE
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 505 29TH STREET
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044EEP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 7
Target Population: 1.3
Expiration Date 07/31/2008

Program Name: SOBER LIVING BY THE SEA
Legal Name: SOBER LIVING BY THE SEA, INC.
Address: 208 VIA LIDO SOUD
City, State: NEWPORT BEACH, CA 92663
Phone #: (949)673-6696 Fax #: (949)723-2829

Record ID: 300044QP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: THE ROSE OF NEWPORT BEACH Legal Name: SOBER LIVING BY THE SEA, INC. Address: 6111 SEASHORE DRIVE City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044SP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 122 45TH STREET, UNIT A City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044TP Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 07/31/2008
Program Name: SOBER LIVING BY THE SEA Legal Name: SOBER LIVING BY THE SEA, INC. Address: 4800 SEASHORE DRIVE, UNITS A & B City, State: NEWPORT BEACH, CA 92663 Phone #: (949)673-6696 Fax #: (949)723-2829	Record ID: 300044DDP Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 07/31/2008
Program Name: SOUTH COAST RECOVERY Legal Name: SOBRIETY SERVICES, INC. Address: 33701 BIG SUR City, State: DANA POINT, CA 92629 Phone #: (949)273-4200 Fax #: (949)488-0447	Record ID: 300177AP Service Type: RES-DETOX Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.1 Expiration Date 11/30/2009
Program Name: TOUCHSTONES Legal Name: SOCIAL MODEL RECOVERY SYSTEMS, INC. Address: 525 NORTH PARKER City, State: ORANGE, CA 92868 Phone #: (714)639-5542	Record ID: 300070AN Service Type: RES Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1
Program Name: SOLUTIONS FOR RECOVERY Legal Name: SOLUTIONS FOR RECOVERY, INC. Address: 31931 PASEO TERRAZA City, State: SAN JUAN CAPISTRANO, CA 92675 Phone #: (949)874-1332 Fax #: (949)661-1264	Record ID: 300143BP Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: SOUTH COAST COUNSELING Legal Name: SOUTH COAST COUNSELING, INC. Address: 693 PLUMER STREET City, State: COSTA MESA, CA 92627 Phone #: (949)642-0180	Record ID: 300012BN Service Type: RES Resident Capacity: 16 Total Occupancy: 16 Target Population: 1.1 Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: HERITAGE HOUSE NORTH	Record ID: 300054IN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 315, 319, AND 321 NORTH STATE COLLEGE BOULEVARD	Resident Capacity: 21
City, State: ANAHEIM, CA 92806	Total Occupancy: 44
Phone #: (562)923-4545 Fax #: (714)687-9927	Target Population: 1.4
	Expiration Date 12/31/2008
Program Name: HERITAGE HOUSE V	Record ID: 300054EN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2218-C PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: HERITAGE HOUSE CENTERS	Record ID: 300054JN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: NON
Address: 7340 CENTER AVENUE	Resident Capacity: 0
City, State: HUNTINGTON BEACH, CA 92647	Total Occupancy: 0
Phone #: (714)799-7766 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: HERITAGE HOUSE	Record ID: 300054HN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-C PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: HERITAGE HOUSE IV	Record ID: 300054DN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2218-B PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: HERITAGE HOUSE	Record ID: 300054AN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-A PLACENTIA AVENUE	Resident Capacity: 1
City, State: COSTA MESA, CA 92627	Total Occupancy: 3
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: HERITAGE HOUSE III	Record ID: 300054CN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-D PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: HERITAGE HOUSE II	Record ID: 300054BN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INC.	Service Type: RES
Address: 2212-B PLACENTIA AVENUE	Resident Capacity: 3
City, State: COSTA MESA, CA 92627	Total Occupancy: 6
Phone #: (949)646-2271	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: HERITAGE HOUSE VILLAGE	Record ID: 300054KN
Legal Name: SOUTHERN CALIFORNIA ALCOHOL AND DRUG PROGRAMS, INCORP	Service Type: RES
Address: 405 SOUTH ROSE STREET	Resident Capacity: 17
City, State: ANAHEIM, CA 92805	Total Occupancy: 45
Phone #: (562)923-4545 Fax #: (714)999-6915	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: SPENCER RECOVERY CENTER	Record ID: 300088AP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 1316 SOUTH COAST HIGHWAY	Resident Capacity: 28
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 28
Phone #: (949)376-3705	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: SPENCER RECOVERY CENTERS	Record ID: 300088IP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES
Address: 1337 A GAVIOTA	Resident Capacity: 3
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 3
Phone #: (949)376-3705 Fax #: (949)376-6862	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SPENCER RECOVERY CENTERS, INC.	Record ID: 300088KP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES
Address: 1337 C GAVIOTA	Resident Capacity: 3
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 3
Phone #: (949)376-3705 Fax #: (949)376-3701	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SPENCER RECOVERY CENTERS, INC.	Record ID: 300088JP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES
Address: 1337 B GAVIOTA	Resident Capacity: 3
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 3
Phone #: (949)376-3705 Fax #: (949)376-6862	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SPENCER RECOVERY CENTERS	Record ID: 300088GP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 1337 GAVIOTA	Resident Capacity: 6
City, State: LAGUNA BEACH, CA 92651	Total Occupancy: 6
Phone #: (949)376-3705 Fax #: (949)376-6862	Target Population: 1.1
	Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: STEP-UP RECOVERY, INC. Legal Name: STEP-UP RECOVERY, INC. Address: 721 EAST WALNUT AVENUE City, State: ORANGE, CA 92867 Phone #: (866)783-7687 Fax #: (714)771-4522	Record ID: 300199AP Service Type: RES Resident Capacity: 6 Total Occupancy: 9 Target Population: 1.2 Expiration Date 08/31/2009
Program Name: GERRY HOUSE Legal Name: STRAIGHT TALK CLINIC, INCORPORATED Address: 1225-1227 WEST 6TH STREET City, State: SANTA ANA, CA 92703 Phone #: (714)972-1402	Record ID: 300040AN Service Type: RES Resident Capacity: 12 Total Occupancy: 12 Target Population: 1.1 Expiration Date 09/30/2009
Program Name: SUPPORTIVE RECOVERY SERVICES Legal Name: SUPPORTIVE RECOVERY SERVICES Address: 160 BAY STREET City, State: COSTA MESA, CA 92627 Phone #: (949)515-9915 Fax #: (949)515-4715	Record ID: 300157AP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.2 Expiration Date 02/29/2008
Program Name: SUPPORTIVE RECOVERY SERVICES Legal Name: SUPPORTIVE RECOVERY SERVICES Address: 2001 HARBOR BOULEVARD, SUITE 220 City, State: COSTA MESA, CA 92627 Phone #: (949)515-9915 Fax #: (949)515-4715	Record ID: 300157BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 11/30/2007
Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC. Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC. Address: 10031 LAMPSON AVENUE City, State: GARDEN GROVE, CA 92840 Phone #: (714)992-1677 Fax #: (714)992-4906	Record ID: 300119FP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: CENTER FOR THE TREATMENT OF ADDICTION, INC. Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC. Address: 104 NORTH RAYMOND, SUITE A-2 City, State: FULLERTON, CA 92831 Phone #: (714)992-1677 Fax #: (714)992-4906	Record ID: 300119HP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: ADDICTION TREATMENT CENTER Legal Name: THE CENTER FOR THE TREATMENT OF ADDICTION, INC. Address: 1105 EAST COMMONWEALTH AVENUE, SUITE J City, State: FULLERTON, CA 92831 Phone #: (714)992-1677 Fax #: (714)992-4906	Record ID: 300119GP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Orange County

Program Name: THE GARY CENTER	Record ID: 300093AN
Legal Name: THE GARY CENTER	Service Type: DHS
Address: 341 HILLCREST STREET	Resident Capacity: 0
City, State: LA HABRA, CA 90631	Total Occupancy: 0
Phone #: (562)691-3263	Target Population: 1.1
Program Name: THE GENESIS ORGANIZATION, INC. - DRUG AND ALCOHOL REHABIL	Record ID: 300170AN
Legal Name: THE GENESIS ORGANIZATION, INC.	Service Type: NON
Address: 13071 BROOKHURST STREET, # 197	Resident Capacity: 0
City, State: GARDEN GROVE, CA 92843	Total Occupancy: 0
Phone #: (714)534-2636 Fax #: (714)534-2521	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: THE LIGHTHOUSE	Record ID: 300194AN
Legal Name: THE INSTITUTE FOR FAMILY AND COMMUNITY RELATIONS	Service Type: RES
Address: 9971 WEST PACIFIC AVENUE	Resident Capacity: 6
City, State: ANAHEIM, CA 92805	Total Occupancy: 6
Phone #: (949)683-5335 Fax #: (714)750-6113	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: MAINSTREAM GROUP	Record ID: 300084BN
Legal Name: THE MAINSTREAM GROUP INC.	Service Type: RES-DETOX
Address: 26882 AVENIDA LAS PALMAS	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: MAINSTREAM GROUP	Record ID: 300084HN
Legal Name: THE MAINSTREAM GROUP INC.	Service Type: RES
Address: 3901 CALLE MAYO	Resident Capacity: 6
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 6
Phone #: (949)498-5706 Fax #: (949)498-5706	Target Population: 1.3
	Expiration Date 02/28/2009
Program Name: MAINSTREAM GROUP	Record ID: 300084GN
Legal Name: THE MAINSTREAM GROUP INC.	Service Type: NON
Address: 101 AVENIDA SERRA	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 0
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: MAINSTREAM GROUP	Record ID: 300084FN
Legal Name: THE MAINSTREAM GROUP INC.	Service Type: RES
Address: 34457 CAMINO EL MOLINO	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.2
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: MAINSTREAM GROUP	Record ID: 300084EN
Legal Name: THE MAINSTREAM GROUP, INC.	Service Type: RES
Address: 343 AVENIDA VAQUERO	Resident Capacity: 6
City, State: SAN CLEMENTE, CA 92672	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: THE MAINSTREAM GROUP, INC.	Record ID: 300084KN
Legal Name: THE MAINSTREAM GROUP, INC.	Service Type: RES
Address: 26920 CALLE DELORES, UNIT B	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.2
	Expiration Date 01/31/2008
Program Name: THE MAINSTREAM GROUP, INC.	Record ID: 300084JN
Legal Name: THE MAINSTREAM GROUP, INC.	Service Type: RES-DETOX
Address: 26884 AVENIDA LAS PALMAS	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: THE MAINSTREAM GROUP	Record ID: 300084IN
Legal Name: THE MAINSTREAM GROUP, INC.	Service Type: RES
Address: 26920 CALLE DOLORES, UNIT A	Resident Capacity: 6
City, State: CAPISTRANO BEACH, CA 92624	Total Occupancy: 6
Phone #: (949)366-9210 Fax #: (949)498-5706	Target Population: 1.2
	Expiration Date 10/31/2007
Program Name: THE NEW BEGINNING	Record ID: 300120AN
Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER	Service Type: RES
Address: 2024 EAST SYCAMORE AVENUE	Resident Capacity: 6
City, State: ORANGE, CA 92867	Total Occupancy: 6
Phone #: (714)839-5305 Fax #: (714)839-5501	Target Population: 1.2
	Expiration Date 06/30/2009
Program Name: NEW BEGINNING FELLOWSHIP CENTER	Record ID: 300120BN
Legal Name: THE NEW BEGINNING FELLOWSHIP CENTER	Service Type: NON
Address: 16581 BROOKHURST	Resident Capacity: 0
City, State: FOUNTAIN VALLEY, CA 92706	Total Occupancy: 0
Phone #: (714)839-2515 Fax #: (714)839-5501	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: THE SHORES TREATMENT AND RECOVERY	Record ID: 300175AP
Legal Name: THE SHORES TREATMENT AND RECOVERY	Service Type: RES
Address: 223 LUGONIA STREET	Resident Capacity: 6
City, State: NEWPORT BEACH, CA 92663	Total Occupancy: 6
Phone #: (800)637-5254 Fax #: (949)722-8955	Target Population: 1.1
	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: THE SOBERZONE TREATMENT CENTER
Legal Name: THE SOBERZONE RECOVERY CENTER, INC.
Address: 1308 WEST PORTER
City, State: FULLERTON, CA 92833
Phone #: (714)870-1813 Fax #: (714)849-2027

Record ID: 300181AP
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.1
Expiration Date 09/30/2008

Program Name: THE VILLA
Legal Name: THE VILLA CENTER, INC.
Address: 910 NORTH FRENCH STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016AN
Service Type: RES
Resident Capacity: 15
Total Occupancy: 15
Target Population: 1.3
Expiration Date 01/31/2008

Program Name: THE VILLA ANNEX II
Legal Name: THE VILLA CENTER, INC.
Address: 519 EAST WASHINGTON
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 05/31/2008

Program Name: THE VILLA ANNEX
Legal Name: THE VILLA CENTER, INC.
Address: 311 EAST WASHINGTON STREET
City, State: SANTA ANA, CA 92701
Phone #: (714)547-3301 Fax #: (714)547-1249

Record ID: 300016CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.3
Expiration Date 01/31/2008

Program Name: TURNING POINT TREATMENT CENTER
Legal Name: TURNING POINT TREATMENT CENTER, LLC
Address: 23181 TIAGUA
City, State: MISSION VIEJO, CA 92692
Phone #: (949)444-8393

Record ID: 300196AP
Service Type: RES-DETOX
Resident Capacity: 6
Total Occupancy: 8
Target Population: 1.1
Expiration Date 04/30/2009

Program Name: TWIN TOWN TREATMENT CENTERS - LOS ALAMITOS
Legal Name: TWIN TOWN CORPORATION
Address: 5122 EAST KATELLA AVENUE, SUITE 102
City, State: LOS ALAMITOS, CA 90720
Phone #: (562)594-8844 Fax #: (562)493-1280

Record ID: 300128AP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.7
Expiration Date 02/28/2009

Program Name: TWIN TOWN TREATMENT CENTERS
Legal Name: TWIN TOWN CORPORATION
Address: 4388 EAST KATELLA BOULEVARD
City, State: LOS ALAMITOS, CA 90720
Phone #: (562)596-0050 Fax #: (562)596-0058

Record ID: 300128BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: TWIN TOWN TREATMENT CENTERS, ORANGE	Record ID: 300128CP
Legal Name: TWIN TOWN CORPORATION	Service Type: NON
Address: 705 WEST LA VETA AVENUE, SUITE 208	Resident Capacity: 0
City, State: ORANGE, CA 92868	Total Occupancy: 0
Phone #: (714)771-8193 Fax #: (714)744-8556	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: VOLUNTEER EXCHANGE - FOUNDATION FOR JUVENILE JUSTICE & I	Record ID: 300171AN
Legal Name: VOLUNTEER EXCHANGE	Service Type: NON
Address: 14120 BEACH BOULEVARD, SUITE 210	Resident Capacity: 0
City, State: WESTMINSTER, CA 92683	Total Occupancy: 0
Phone #: (714)899-6849 Fax #: (714)899-6851	Target Population: 1.5
	Expiration Date 11/30/2007
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES	Record ID: 300162AP
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.	Service Type: NON
Address: 2900 BRISTOL STREET, SUITE E 103	Resident Capacity: 0
City, State: COSTA MESA, CA 92626	Total Occupancy: 0
Phone #: (714)540-9070 Fax #: (714)549-4525	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES	Record ID: 300162BP
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.	Service Type: NON
Address: 5130 EAST LA PALMA, SUITE 212	Resident Capacity: 0
City, State: ANAHEIM, CA 92807	Total Occupancy: 0
Phone #: (714)540-9070 Fax #: (714)549-4525	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: SOUTH COAST COUNSELING AND PSYCHOLOGICAL SERVICES	Record ID: 300162CP
Legal Name: WEL-MOR PSYCHOLOGY GROUP, INC.	Service Type: NON
Address: 26041 CAPE DRIVE, SUITE 129	Resident Capacity: 0
City, State: LAGUNA NIGEL, CA 92677	Total Occupancy: 0
Phone #: (714)540-9070 Fax #: (714)549-4525	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: BILL MARTIN PH.D	Record ID: 300135AP
Legal Name: WILLIAM W. MARTIN, PH.D	Service Type: NON
Address: 675 CAMINO DE LOS MARES, SUITE 302	Resident Capacity: 0
City, State: SAN CLEMENTE, CA 92673	Total Occupancy: 0
Phone #: (949)248-7377 Fax #: (949)248-7379	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: DAYLIGHT AGAIN	Record ID: 300042CN
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED	Service Type: RES
Address: 329 EAST COMMONWEALTH AVENUE	Resident Capacity: 16
City, State: FULLERTON, CA 92832	Total Occupancy: 16
Phone #: (714)879-6916 Fax #: (714)578-2960	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Orange County

Program Name: WOODGLEN RECOVERY JUNCTION	Record ID: 300042BN
Legal Name: WOODGLEN RECOVERY JUNCTION INCORPORATED	Service Type: RES-DETOX
Address: 751 WEST ORANGETHORPE AVENUE	Resident Capacity: 6
City, State: FULLERTON, CA 92832	Total Occupancy: 6
Phone #: (714)879-6916 Fax #: (714)578-2960	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: WOODGLEN RECOVERY JUNCTION	Record ID: 300042AN
Legal Name: WOODGLEN RECOVERY JUNCTION, INCORPORATED	Service Type: RES
Address: 771 WEST ORANGETHORPE AVENUE	Resident Capacity: 24
City, State: FULLERTON, CA 92832	Total Occupancy: 24
Phone #: (714)879-6916	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: WOMEN'S RECOVERY OF CALIFORNIA, "YELLOWSTONE WEST"	Record ID: 300121AN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES
Address: 3132 BOSTON WAY	Resident Capacity: 15
City, State: COSTA MESA, CA 92626	Total Occupancy: 15
Phone #: (714)966-9872 Fax #: (714)646-5296	Target Population: 1.2
	Expiration Date 03/31/2009
Program Name: YELLOWSTONE (WOMEN'S RECOVERY OF CALIFORNIA)	Record ID: 300121BN
Legal Name: YELLOWSTONE WOMEN'S FIRST STEP HOUSE, INC.	Service Type: RES-DETOX
Address: 154 EAST BAY	Resident Capacity: 6
City, State: COSTA MESA, CA 92627	Total Occupancy: 7
Phone #: (888)941-9048 Fax #: (888)941-9048	Target Population: 1.1
	Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Placer County

Program Name: CHAPA-DE INDIAN HEALTH PROGRAM, INC.	Record ID: 310014AN
Legal Name: CHAPA-DE INDIAN HEALTH PROGRAM, INC.	Service Type: NON
Address: 11670 ATWOOD ROAD	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)887-2828 Fax #: (530)887-2834	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: HOPE HELP AND HEALING	Record ID: 310010CN
Legal Name: HOPE HELP AND HEALING	Service Type: NON
Address: 11960 HERITAGE OAKS PLACE, SUITE 20	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)885-4249 Fax #: (530)885-4249	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: TRUE STEP	Record ID: 310010DN
Legal Name: HOPE HELP AND HEALING	Service Type: RES
Address: 4255 MEADOW GLEN ROAD	Resident Capacity: 6
City, State: AUBURN, CA 95603	Total Occupancy: 6
Phone #: (530)885-4249 Fax #: (530)885-6191	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: NEW LEAF COUNSELING SERVICES	Record ID: 310007AP
Legal Name: JAMES HARDWICK	Service Type: NON
Address: 1254 HIGH STREET	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)889-9195	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: NEW LEAF COUNSELING RESIDENTIAL/HOFFMAN	Record ID: 310007CP
Legal Name: JAMES HARDWICK	Service Type: RES
Address: 199 HOFFMAN AVENUE	Resident Capacity: 6
City, State: AUBURN, CA 95603	Total Occupancy: 12
Phone #: (530)885-9067	Target Population: 1.3
	Expiration Date 10/31/2008
Program Name: NEW LEAF WOMEN AND WOMEN WITH CHILDREN - MEADOWVIEW	Record ID: 310007BP
Legal Name: JAMES HARDWICK	Service Type: RES
Address: 5055 MEADOWVIEW LANE	Resident Capacity: 6
City, State: AUBURN, CA 95603	Total Occupancy: 6
Phone #: (530)889-9195 Fax #: (530)889-9197	Target Population: 1.4
	Expiration Date 06/30/2009
Program Name: KOINONIA GROUP HOME #1	Record ID: 310012AN
Legal Name: KOINONIA FOSTER HOMES, INC.	Service Type: **
Address: 3880 OAK TREE LANE	Resident Capacity: 0
City, State: LOOMIS, CA 95650	Total Occupancy: 0
Phone #: (916)652-0171 Fax #: (916)652-3979	Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Placer County

Program Name: KOINONIA GROUP HOME #3	Record ID: 310012CN
Legal Name: KOINONIA FOSTER HOMES, INC.	Service Type: **
Address: 5440 PARAGON STREET	Resident Capacity: 0
City, State: ROCKLIN, CA 95677	Total Occupancy: 0
Phone #: (916)652-0171 Fax #: (916)652-3979	Target Population: 1.5
Program Name: KOINONIA GROUP HOME #4	Record ID: 310012DN
Legal Name: KOINONIA FOSTER HOMES, INC.	Service Type: **
Address: 8200 KING ROAD	Resident Capacity: 0
City, State: LOOMIS, CA 95650	Total Occupancy: 0
Phone #: (916)652-0171 Fax #: (916)652-3979	Target Population: 1.5
Program Name: KOINONIA GROUP HOME #2	Record ID: 310012BN
Legal Name: KOINONIA FOSTER HOMES, INC.	Service Type: **
Address: 6331 KING ROAD	Resident Capacity: 0
City, State: LOOMIS, CA 95650	Total Occupancy: 0
Phone #: (916)652-0171 Fax #: (916)652-3979	Target Population: 1.5
Program Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG	Record ID: 310013BN
Legal Name: PLACER COUNTY ALCOHOL AND OR OTHER DRUG TREATMENT PRG	Service Type: NON
Address: 11512 B AVENUE	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)889-7291 Fax #: (530)889-7293	Target Population: 1.8
	Expiration Date 11/30/2007
Program Name: PLACER COUNTY DRUG AND ALCOHOL TREATMENT PROGRAM - CI	Record ID: 310015AN
Legal Name: PLACER COUNTY HEALTH AND HUMAN SERVICES	Service Type: NON
Address: 101 CIRBY HILLS DRIVE	Resident Capacity: 0
City, State: ROSEVILLE, CA 95678	Total Occupancy: 0
Phone #: (916)787-8800 Fax #: (916)787-8857	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PROGRESS HOUSE WOMEN AND CHILDREN'S FACILITY	Record ID: 310005BN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 34248 EAST TOWLE ROAD	Resident Capacity: 10
City, State: ALTA, CA 95701	Total Occupancy: 12
Phone #: (530)626-9240	Target Population: 1.4
	Expiration Date 10/31/2008
Program Name: ROCKLIN COMMUNITY COUNSELING CENTER	Record ID: 310009DN
Legal Name: ROCKLIN COMMUNITY COUNSELING CENTER, INC.	Service Type: NON
Address: 4240 ROCKLIN ROAD, SUITES 4A, 4B AND 5	Resident Capacity: 0
City, State: ROCKLIN, CA 95677	Total Occupancy: 0
Phone #: (916)315-0468	Target Population: 1.1
	Expiration Date 12/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Placer County

Program Name: RCCC - APPLGATE MEN'S RESIDENTIAL CENTER	Record ID: 310009EN
Legal Name: ROCKLIN COMMUNITY COUNSELING SERVICES, INC.	Service Type: RES
Address: 17891 LAKE ARTHUR ROAD	Resident Capacity: 6
City, State: APPLGATE, CA 95703	Total Occupancy: 10
Phone #: (916)315-0468 Fax #: (530)878-2646	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: SOUTH PLACER RESIDENTIAL TREATMENT PROGRAM	Record ID: 310001BN
Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Service Type: RES-DETOX
Address: 11417 D AVENUE	Resident Capacity: 32
City, State: AUBURN, CA 95603	Total Occupancy: 32
Phone #: (530)885-1917	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Record ID: 310001EN
Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Service Type: NON
Address: 406 SUNRISE AVENUE, #310A	Resident Capacity: 0
City, State: ROSEVILLE, CA 95661	Total Occupancy: 0
Phone #: (916)782-3737 Fax #: (916)782-3739	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Record ID: 310001DN
Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Service Type: NON
Address: 11960 HERITAGE OAK PLACE, #15	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)885-1961 Fax #: (530)885-0713	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - LINC	Record ID: 310001CN
Legal Name: SIERRA COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE	Service Type: NON
Address: 1530 3RD STREET, SUITE 202	Resident Capacity: 0
City, State: LINCOLN, CA 95648	Total Occupancy: 0
Phone #: (916)652-5831 Fax #: (916)652-5881	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SIERRA FAMILY SERVICES	Record ID: 310003AN
Legal Name: SIERRA FAMILY SERVICES, INCORPORATED	Service Type: NON
Address: 333 SUNRISE AVENUE, SUITE 701	Resident Capacity: 0
City, State: ROSEVILLE, CA 95661	Total Occupancy: 0
Phone #: (916)783-5207 Fax #: (916)783-9145	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: SIERRA FAMILY SERVICES	Record ID: 310003BN
Legal Name: SIERRA FAMILY SERVICES, INCORPORATED	Service Type: NON
Address: 991 LINCOLN WAY	Resident Capacity: 0
City, State: AUBURN, CA 95603	Total Occupancy: 0
Phone #: (530)885-0441	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Placer County

Program Name: SIERRA FAMILY SERVICES	Record ID: 310003CN
Legal Name: SIERRA FAMILY SERVICES, INCORPORATED	Service Type: NON
Address: 2690 LAKE FOREST ROAD, SUITE 202	Resident Capacity: 0
City, State: TAHOE CITY, CA 96145	Total Occupancy: 0
Phone #: (530)581-4054	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: EAGLE RECOVERY PROGRAMS	Record ID: 310004DN
Legal Name: THE SUBSTANCE ABUSE GROWTH AND RECOVERY INSTITUTE	Service Type: RES
Address: 12183 LOCKSLEY LANE AND 12174, 12176 & 12178 SHALE RIDGE	Resident Capacity: 58
City, State: AUBURN, CA 95602	Total Occupancy: 58
Phone #: (530)823-0777	Target Population: 1.13
	Expiration Date 08/31/2008
Program Name: EAGLE RECOVERY OUTPATIENT PROGRAM	Record ID: 310004EN
Legal Name: THE SUBSTANCE ABUSE GROWTH AND RECOVERY INSTITUTE	Service Type: NON
Address: 12183 LOCKSLEY LANE	Resident Capacity: 0
City, State: AUBURN, CA 95602	Total Occupancy: 0
Phone #: (530)823-0777 Fax #: (530)823-0775	Target Population: 1.1
	Expiration Date 03/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Plumas County

As of: 11/06/2007

Program Name: PLUMAS COUNTY ALCOHOL AND DRUG PROGRAM

Legal Name: PLUMAS COUNTY

Address: 270 COUNTY HOSPITAL ROAD, SUITE 128

City, State: QUINCY, CA 95971

Phone #: (530)283-6422 Fax #: (530)283-4420

Record ID: 320001BN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: A BETTER TOMORROW	Record ID: 330071AP
Legal Name: A BETTER TOMORROW	Service Type: RES-DETOX
Address: 40465 ERICA AVENUE	Resident Capacity: 6
City, State: MURRIETA, CA 92562	Total Occupancy: 8
Phone #: (800)517-4849 Fax #: (800)401-8464	Target Population: 1.8
	Expiration Date 09/30/2009
Program Name: A BETTER TOMORROW	Record ID: 330071CP
Legal Name: A BETTER TOMORROW (ABTTC, INC.)	Service Type: RES-DETOX
Address: 42368 IRONGATE LANE	Resident Capacity: 6
City, State: MURRIETA, CA 92562	Total Occupancy: 8
Phone #: (800)517-4849 Fax #: (800)401-8464	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: ABC RECOVERY CENTERS	Record ID: 330001AN
Legal Name: A.B.C. RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 44-404, 44-374 PALM STREET and 44-435 BISKRA STREET	Resident Capacity: 86
City, State: INDIO, CA 92201	Total Occupancy: 89
Phone #: (760)342-6616	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: A BETTER TOMORROW	Record ID: 330071BP
Legal Name: ABTTC	Service Type: NON
Address: 41640 CORNING PLACE, SUITES 101, 102, 104, 105 AND 106	Resident Capacity: 0
City, State: MURRIETA, CA 92562	Total Occupancy: 0
Phone #: (800)517-4849 Fax #: (800)401-8464	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: A BETTER TOMORROW	Record ID: 330071DP
Legal Name: ABTTC, INC.	Service Type: RES-DETOX
Address: 39311 SIERRA LA VIDA	Resident Capacity: 6
City, State: MURRIETA, CA 92562	Total Occupancy: 9
Phone #: (800)517-4849 Fax #: (800)401-8464	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: ACTION RECOVERY SERVICES, INC.	Record ID: 330072BP
Legal Name: ACTION RECOVERY SERVICES, INC.	Service Type: NON
Address: 34400 DATE PALM DRIVE, SUITE Q	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)327-6747 Fax #: (760)321-6757	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: ACTION RECOVERY SERVICES, INC.	Record ID: 330072AP
Legal Name: ACTION RECOVERY SERVICES, INC.	Service Type: RES-DETOX
Address: 68350 DURANGO ROAD	Resident Capacity: 6
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 6
Phone #: (866)557-5223 Fax #: (760)321-6752	Target Population: 1.1
	Expiration Date 09/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: THE AWARENESS PROGRAM Legal Name: AWARENESS PROGRAM, INC. Address: 1700 EAST TAHQUITZ, SUITE 6 City, State: PALM SPRINGS, CA 92262 Phone #: (760)322-4554 Fax #: (760)322-4554	Record ID: 330051CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2009
Program Name: THE AWARENESS PROGRAM Legal Name: AWARENESS PROGRAM, INC. Address: 45-550 GRACE STREET City, State: INDIO, CA 92201 Phone #: (760)342-1233 Fax #: (760)342-5344	Record ID: 330051AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 06/30/2009
Program Name: AXIOM COUNSELING TEAM Legal Name: AXIOM COUNSELING TEAM Address: 6887 MAGNOLIA AVENUE City, State: RIVERSIDE, CA 92506 Phone #: (909)369-5260 Fax #: (909)787-0562	Record ID: 330069AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: AXIS RESIDENTIAL TREATMENT CENTER Legal Name: BRAD KEITH - AXIS RESIDENTIAL TREATMENT CENTER (ARTC) Address: 75450 FAIRWAY DRIVE City, State: INDIAN WELLS, CA 92210 Phone #: (310)435-6298 Fax #: (310)202-7604	Record ID: 330082AP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: CALIFORNIA RECOVERY CLINICS Legal Name: CALIFORNIA RECOVERY CLINICS Address: 710 SOUTH RIMPAU AVENUE, SUITE 102 City, State: CORONA, CA 92879 Phone #: (951)549-8888 Fax #: (951)549-8808	Record ID: 330061AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: CHAPMAN HOUSE Legal Name: CHAPMAN HOUSE, INC. Address: 1733 NORTH PALM CANYON DRIVE, SUITE A City, State: PALM SPRINGS, CA 92262 Phone #: (714)288-9779 Fax #: (714)288-6130	Record ID: 330055DP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: CHAPMAN HOUSE, INC. Legal Name: CHAPMAN HOUSE, INC. Address: 3293 LOCUST STREET City, State: RIVERSIDE, CA 92501 Phone #: (714)612-7600 Fax #: (714)538-9779	Record ID: 330055CP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: CHAPMAN HOUSE, INC. Legal Name: CHAPMAN HOUSE, INC. Address: 3894 4TH STREET City, State: RIVERSIDE, CA 92501 Phone #: (909)276-1369 Fax #: (909)276-1369	Record ID: 330055BP Service Type: RES Resident Capacity: 6 Total Occupancy: 8 Target Population: 1.1 Expiration Date 07/31/2008
Program Name: HILL ALCOHOL & DRUG TREATMENT Legal Name: COMMUNITY SOLUTIONS, INC. Address: 42145 LYNDIE LANE, SUITE 108 City, State: TEMECULA, CA 92592 Phone #: (951)303-1230 Fax #: (951)303-1547	Record ID: 330032BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2008
Program Name: BREAKING FREE/VILLAGE COUNSELING Legal Name: DR. JERRY MEINTS FAMILY COUNSELING, INC. Address: 73302 HIGHWAY 111 City, State: PALM DESERT, CA 92260 Phone #: (760)773-0669 Fax #: (760)773-0569	Record ID: 330052AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 07/31/2009
Program Name: VILLAGE COUNSELING Legal Name: DR. JERRY MEINTS, INC. (DBA - VILLAGE COUNSELING) Address: 51-800 HARRISON AVENUE City, State: COACHELLA, CA 92236 Phone #: (760)398-8055 Fax #: (760)398-8766	Record ID: 330052CP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/28/2009
Program Name: MICHAEL'S HOUSE Legal Name: DUAL DIAGNOSIS MANAGEMENT, LLC Address: 430 SOUTH CAHUILLA ROAD City, State: PALM SPRINGS, CA 92262 Phone #: (760)320-5486 Fax #: (760)778-6020	Record ID: 330014BP Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 08/31/2008
Program Name: PALM SPRINGS SERENITY RETREAT Legal Name: DUAL DIAGNOSIS MANAGEMENT, LLC Address: 2095 NORTH INDIAN CANYON City, State: PALM SPRINGS, CA 92262 Phone #: (760)416-7951 Fax #: (760)416-1330	Record ID: 330014CP Service Type: RES-DETOX Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: SUN RAY ADDICTIONS COUNSELING & EDUCATION Legal Name: HUGHES, LYLEEN P. Address: 960 NORTH STATE STREET, SUITE B City, State: HEMET, CA 92543 Phone #: (951)652-3560	Record ID: 330045AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: I AM NEW LIFE MINISTRIES	Record ID: 330024BN
Legal Name: I AM NEW LIFE MINISTRIES	Service Type: NON
Address: 2425 VAN BUREN BOULEVARD, BUILDING 610	Resident Capacity: 0
City, State: RIVERSIDE, CA 92503	Total Occupancy: 0
Phone #: (951)767-2575 Fax #: (951)767-0951	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: I AM NEW LIFE RANCH	Record ID: 330024AN
Legal Name: I AM NEW LIFE MINISTRIES, INC.	Service Type: RES
Address: 38400 SAN IGNACIO ROAD	Resident Capacity: 8
City, State: HEMET, CA 92543	Total Occupancy: 8
Phone #: (909)767-2575	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: LA VISTA ALCOHOL & DRUG RECOVERY CENTER	Record ID: 330002AN
Legal Name: LA VISTA	Service Type: RES-DETOX
Address: 2220 GIRARD STREET	Resident Capacity: 28
City, State: SAN JACINTO, CA 92583	Total Occupancy: 33
Phone #: (951)925-8450	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: LA VISTA ALCOHOL/DRUG RECOVERY CENTER (OUR MOTHER'S HO	Record ID: 330002BN
Legal Name: LA VISTA	Service Type: RES
Address: 294 MIDWAY STREET	Resident Capacity: 6
City, State: SAN JACINTO, CA 92583	Total Occupancy: 6
Phone #: (951)925-8450	Target Population: 1.3
	Expiration Date 10/31/2007
Program Name: LA VISTA	Record ID: 330002CN
Legal Name: LA VISTA, INC.	Service Type: NON
Address: 294 MIDWAY STREET	Resident Capacity: 0
City, State: SAN JACINTO, CA 92583	Total Occupancy: 0
Phone #: (951)925-8450 Fax #: (951)658-6686	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: LIFE'S JOURNEY	Record ID: 330040AP
Legal Name: LIFE'S JOURNEY CENTER, INC.	Service Type: RES-DETOX
Address: 291 EAST CAMINO MONTE VISTA	Resident Capacity: 30
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 30
Phone #: (760)864-6363	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: LIFE'S JOURNEY CENTER	Record ID: 330040BP
Legal Name: LIFE'S JOURNEY CENTER, INC.	Service Type: NON
Address: 291 EAST CAMINO MONTE VISTA	Resident Capacity: 0
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 0
Phone #: (760)864-6363 Fax #: (760)864-6360	Target Population: 1.1
	Expiration Date 06/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: RIVERSIDE CENTER FOR CHANGE	Record ID: 330078AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3576 ARLINGTON AVENUE, SUITE 102	Resident Capacity: 0
City, State: RIVERSIDE, CA 92506	Total Occupancy: 0
Phone #: (951)782-9577 Fax #: (951)782-9521	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: INDIO CENTER FOR CHANGE	Record ID: 330078CN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 68-100 RAMON ROAD, SUITES B9 & B10	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)321-0870 Fax #: (760)321-0916	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: HEMET CENTER FOR CHANGE	Record ID: 330078BN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 950 NORTH STATE STREET, SUITE A	Resident Capacity: 0
City, State: HEMET, CA 92543	Total Occupancy: 0
Phone #: (951)929-9838 Fax #: (951)929-9831	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: MFI RECOVERY CENTER-WOODCREST	Record ID: 330013AN
Legal Name: MFI RECOVERY CENTER	Service Type: RES-DETOX
Address: 17270 ROOSEVELT STREET	Resident Capacity: 56
City, State: RIVERSIDE, CA 92508	Total Occupancy: 56
Phone #: (951)780-2541 Fax #: (951)780-5809	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: MFI RECOVERY CENTER	Record ID: 330013IN
Legal Name: MFI RECOVERY CENTER	Service Type: NON
Address: 5870 ARLINGTON AVENUE	Resident Capacity: 0
City, State: RIVERSIDE, CA 92504	Total Occupancy: 0
Phone #: (951)683-6596 Fax #: (951)683-4239	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: MFI RECOVERY CENTER	Record ID: 330013JN
Legal Name: MFI RECOVERY CENTER	Service Type: NON
Address: 2781 WEST RAMSEY STREET, SUITES 1, 2, & 3	Resident Capacity: 0
City, State: BANNING, CA 92220	Total Occupancy: 0
Phone #: (951)849-3896 Fax #: (951)849-0506	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: A WOMAN'S PLACE	Record ID: 330013GN
Legal Name: MFI RECOVERY CENTER	Service Type: RES-DETOX
Address: 4295 BROCKTON AVENUE	Resident Capacity: 38
City, State: RIVERSIDE, CA 92501	Total Occupancy: 64
Phone #: (951)683-6596 Fax #: (951)341-5316	Target Population: 1.4
	Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 5 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013KN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 7 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013LN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 11 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013NN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 3 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013ON Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 9 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013PN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MFI RECOVERY CENTER, INC. Legal Name: MFI RECOVERY CENTER, INC. Address: 4440 UNIVERSITY AVENUE # 13 City, State: RIVERSIDE, CA 92501 Phone #: (951)683-6596 Fax #: (951)683-4239	Record ID: 330013MN Service Type: RES Resident Capacity: 2 Total Occupancy: 2 Target Population: 1.3 Expiration Date 08/31/2009
Program Name: MARY'S HOUSE Legal Name: NARCONON JOSHUA HILLS Address: 27805 HOPPER ROAD City, State: INDIO HILLS, CA 92241 Phone #: (760)347-8160 Fax #: (760)346-7640	Record ID: 330085AN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 04/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: PAVISCH TREATMENT CENTERS, LLC	Record ID: 330088AP
Legal Name: PAVISCH TREATMENT CENTERS, LLC	Service Type: RES
Address: 4241 GLENWOOD DRIVE	Resident Capacity: 6
City, State: RIVERSIDE, CA 92501	Total Occupancy: 6
Phone #: (714)501-1977	Target Population: 1.2
	Expiration Date 06/30/2009
Program Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.	Record ID: 330038AN
Legal Name: PERRIS VALLEY RECOVERY PROGRAMS, INC.	Service Type: NON
Address: 236 EAST THIRD STREET, SUITE B	Resident Capacity: 0
City, State: PERRIS, CA 92570	Total Occupancy: 0
Phone #: (951)657-2960	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: PHOENIX SKILLS CENTER POWER PROGRAM	Record ID: 330066AN
Legal Name: PHOENIX PROGRAMS, INC.	Service Type: NON
Address: 1215 SOUTH BUENA VISTA	Resident Capacity: 0
City, State: SAN JACINTO, CA 92583	Total Occupancy: 0
Phone #: (951)487-1840 Fax #: (408)487-9915	Target Population: 1.1
	Expiration Date 03/23/2008
Program Name: PINE RIDGE TREATMENT CENTERS--PALM DESERT	Record ID: 330035AP
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED	Service Type: NON
Address: 77-734 COUNTRY CLUB DRIVE, SUITE F3	Resident Capacity: 0
City, State: PALM DESERT, CA 92211	Total Occupancy: 0
Phone #: (760)200-1339	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: P.W. ENHANCEMENT CENTER	Record ID: 330087AN
Legal Name: PRAYER WARRIOR'S ENHANCEMENT TEAM	Service Type: NON
Address: 24490 SUNNYMEAD BOULEVARD, SUITE 107	Resident Capacity: 0
City, State: MORENO VALLEY, CA 92553	Total Occupancy: 0
Phone #: (951)242-7001 Fax #: (951)956-4026	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: RED TAIL LODGE, LLC	Record ID: 330076AP
Legal Name: RED TAIL LODGE, LLC	Service Type: RES
Address: 25900 GLENBURN LANE	Resident Capacity: 6
City, State: MENIFEE, CA 92584	Total Occupancy: 6
Phone #: (951)679-0463 Fax #: (949)679-0473	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: BEAUMONT GUIDANCE CENTER	Record ID: 330070AN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A. '	Service Type: NON
Address: 790 BEAUMONT AVENUE, SUITE 210	Resident Capacity: 0
City, State: BEAUMONT, CA 92223	Total Occupancy: 0
Phone #: (951)769-7436 Fax #: (951)769-7486	Target Population: 1.5
	Expiration Date 06/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: CASA LAS PALMAS RECOVERY HOME	Record ID: 330037AN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-844 HOPI AVENUE	Resident Capacity: 7
City, State: INDIO, CA 92201	Total Occupancy: 7
Phone #: (760)347-9442	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: CASA LAS PALMAS II	Record ID: 330037CN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 77595 CHIHUAHUA STREET	Resident Capacity: 6
City, State: LA QUINTA, CA 92253	Total Occupancy: 6
Phone #: (760)347-9442 Fax #: (760)342-8022	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: CASA CECILIA RECOVERY HOME	Record ID: 330037BN
Legal Name: RIVERSIDE COUNTY LATINO COMMISSION ON ALCOHOL AND DRUG	Service Type: RES
Address: 83-385 ROSA AVENUE	Resident Capacity: 6
City, State: THERMAL, CA 92274	Total Occupancy: 6
Phone #: (760)347-9442	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: DESERT DRUG COURT	Record ID: 330023HN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 68-615 PEREZ ROAD, SUITE 2A AND 68-625, BUILDING 9 & 10B	Resident Capacity: 0
City, State: CATHEDRAL CITY, CA 92234	Total Occupancy: 0
Phone #: (760)770-2213 Fax #: (760)770-2240	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023BN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 650 NORTH STATE STREET	Resident Capacity: 0
City, State: HEMET, CA 92543	Total Occupancy: 0
Phone #: (951)791-3350	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Record ID: 330023DN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 623 NORTH MAIN STREET, SUITE D-11	Resident Capacity: 0
City, State: CORONA, CA 91720	Total Occupancy: 0
Phone #: (909)737-2962	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: RECOVERY OPPORTUNITY CENTER	Record ID: 330023GN
Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM	Service Type: NON
Address: 3768 TENTH STREET	Resident Capacity: 0
City, State: RIVERSIDE, CA 92501	Total Occupancy: 0
Phone #: (909)275-0525	Target Population: 1.1
	Expiration Date 07/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Address: 1297 WEST HOBSONWAY City, State: BLYTHE, CA 92225 Phone #: (760)921-5000 Fax #: (760)921-5010	Record ID: 330023FN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Address: 83-912 AVENUE 45, SUITE 9 City, State: INDIO, CA 92201 Phone #: (760)347-0754	Record ID: 330023EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Legal Name: RIVERSIDE COUNTY SUBSTANCE ABUSE PROGRAM Address: 1827 ATLANTA AVENUE, SUITE D-1 City, State: RIVERSIDE, CA 92507 Phone #: (909)955-2105	Record ID: 330023CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2008
Program Name: FIRST STEP HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 40329 STETSON AVENUE City, State: HEMET, CA 92544 Phone #: (909)658-4466	Record ID: 330009CN Service Type: RES-DETOX Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.2 Expiration Date 01/31/2008
Program Name: FIRST STEP HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 40331 STETSON AVENUE City, State: HEMET, CA 92544 Phone #: (909)658-4466	Record ID: 330009DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 01/31/2008
Program Name: OUR HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 41052A AND 41052B ACACIA AVENUE City, State: HEMET, CA 92544 Phone #: (909)766-7969	Record ID: 330009IN Service Type: RES Resident Capacity: 4 Total Occupancy: 4 Target Population: 1.4 Expiration Date 01/31/2008
Program Name: OUR HOUSE Legal Name: RIVERSIDE RECOVERY RESOURCES Address: 41056B ACACIA AVENUE City, State: HEMET, CA 92544 Phone #: (909)766-7969	Record ID: 330009LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: OUR HOUSE	Record ID: 330009NN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 41060B ACACIA AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)766-7969	Target Population: 1.4
	Expiration Date 01/31/2008
Program Name: OMEGA PROGRAM	Record ID: 330009QN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 3757 ELIZABETH STREET	Resident Capacity: 0
City, State: RIVERSIDE, CA 92506	Total Occupancy: 0
Phone #: (909)788-8211 Fax #: (909)788-4803	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: OMEGA PROGRAM	Record ID: 330009PN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 2055 NORTH PERRIS BOULEVARD, SUITES G-5 AND G-6	Resident Capacity: 0
City, State: PERRIS, CA 92571	Total Occupancy: 0
Phone #: (909)940-6061	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: COMMUNITY RECOVERY CENTER OF LAKE ELSINORE - OMEGA PRC	Record ID: 330009ON
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: NON
Address: 565 CHANEY STREET, SUITES A THRU E	Resident Capacity: 0
City, State: LAKE ELSINORE, CA 92530	Total Occupancy: 0
Phone #: (909)674-7354	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: OUR HOUSE	Record ID: 330009MN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 41060A ACACIA AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)766-7969	Target Population: 1.4
	Expiration Date 01/31/2008
Program Name: OUR HOUSE	Record ID: 330009KN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 41056A ACACIA AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)766-7969	Target Population: 1.4
	Expiration Date 01/31/2008
Program Name: OUR HOUSE	Record ID: 330009GN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 41044 ACACIA AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)766-7969	Target Population: 1.4
	Expiration Date 01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: FIRST STEP HOUSE	Record ID: 330009FN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 40333-A STETSON AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)658-4466	Target Population: 1.2
	Expiration Date 01/31/2008
Program Name: FIRST STEP HOUSE	Record ID: 330009EN
Legal Name: RIVERSIDE RECOVERY RESOURCES	Service Type: RES
Address: 40333-B STETSON AVENUE	Resident Capacity: 6
City, State: HEMET, CA 92544	Total Occupancy: 6
Phone #: (909)658-4466	Target Population: 1.2
	Expiration Date 01/31/2008
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SOB)	Record ID: 330057BN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type: NON
Address: 607 DONNA WAY	Resident Capacity: 0
City, State: SAN JACINTO, CA 92383	Total Occupancy: 0
Phone #: (800)851-5816 Fax #: (909)487-2448	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (TORI)	Record ID: 330057DN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type: NON
Address: 66-735 MARTINEZ ROAD	Resident Capacity: 0
City, State: THERMAL, CA 92274	Total Occupancy: 0
Phone #: (800)717-4476 Fax #: (909)849-9633	Target Population: 1.8
	Expiration Date 01/31/2009
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (MOR)	Record ID: 330057AN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type: NON
Address: 11555 1/2 POTRERO ROAD	Resident Capacity: 0
City, State: BANNING, CA 92220	Total Occupancy: 0
Phone #: (800)732-8805 Fax #: (909)849-9633	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (PECH)	Record ID: 330057CN
Legal Name: RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type: NON
Address: 12784 PECHANGA ROAD	Resident Capacity: 0
City, State: TEMECULA, CA 92592	Total Occupancy: 0
Phone #: (877)781-0333 Fax #: (909)676-0744	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: SUNRISE RECOVERY RANCH	Record ID: 330056BP
Legal Name: SOBER LIVING BY THE SEA, INC.	Service Type: RES
Address: 6690 LIMONITE FRONTAGE ROAD	Resident Capacity: 13
City, State: RIVERSIDE, CA 92509	Total Occupancy: 13
Phone #: (951)328-0146	Target Population: 1.2
	Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: SOBER SHORES	Record ID: 330084AP
Legal Name: SOBER SHORES, INCORPORATED	Service Type: RES-DETOX
Address: 42509 CARINO PLACE	Resident Capacity: 6
City, State: TEMECULA, CA 92592	Total Occupancy: 6
Phone #: (866)660-5763 Fax #: (951)526-2264	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SOCAL HEALTH SERVICES	Record ID: 330080AN
Legal Name: SOCAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1485 SPRUCE STREET, UNIT L	Resident Capacity: 0
City, State: RIVERSIDE, CA 92507	Total Occupancy: 0
Phone #: (626)826-9373 Fax #: () -	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: SOROPTIMIST HOUSE OF HOPE #1	Record ID: 330016AN
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.	Service Type: RES
Address: 13525 CIELO AZUL WAY	Resident Capacity: 6
City, State: DESERT HOT SPRINGS, CA 92240	Total Occupancy: 6
Phone #: (951)849-9491	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: SOROPTIMIST HOUSE OF HOPE #2	Record ID: 330016BN
Legal Name: SOROPTIMIST HOUSE OF HOPE, INC.	Service Type: RES
Address: 628 SOUTH 8TH STREET	Resident Capacity: 5
City, State: BANNING, CA 92220	Total Occupancy: 6
Phone #: (951)849-9491	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: SOUTHWEST FAMILY COUNSELING	Record ID: 330048BP
Legal Name: SOUTHWEST FAMILY COUNSELING, INC.	Service Type: NON
Address: 27715 JEFFERSON AVENUE, SUITE # 113B	Resident Capacity: 0
City, State: TEMECULA, CA 92590	Total Occupancy: 0
Phone #: (951)699-3644 Fax #: (951)699-1196	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: SPENCER RECOVERY CENTERS	Record ID: 330086AP
Legal Name: SPENCER RECOVERY CENTERS, INC.	Service Type: NON
Address: 1733 NORTH PALM CANYON DRIVE, SUITE G	Resident Capacity: 0
City, State: PALM SPRINGS, CA 92262	Total Occupancy: 0
Phone #: (760)778-4876	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: THE HIGH ROAD PROGRAM	Record ID: 330050AN
Legal Name: THE HIGH ROAD PROGRAM	Service Type: NON
Address: 3579 ARLINGTON AVENUE, SUITE 200	Resident Capacity: 0
City, State: RIVERSIDE, CA 92506	Total Occupancy: 0
Phone #: (951)781-6762	Target Population: 1.1
	Expiration Date 06/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Riverside County

Program Name: THE RANCH	Record ID: 330003AN
Legal Name: THE RANCH RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 7885 ANNANDALE AVENUE	Resident Capacity: 46
City, State: DESERT HOT SPRINGS, CA 92240	Total Occupancy: 46
Phone #: (760)329-2924	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: HACIENDA VALDEZ	Record ID: 330003BN
Legal Name: THE RANCH RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 12890 QUINTA WAY	Resident Capacity: 35
City, State: DESERT HOT SPRINGS, CA 92240	Total Occupancy: 35
Phone #: (760)329-2959	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: U. S. VETS SUBSTANCE ABUSE TREATMENT PROGRAM/VETERANS I	Record ID: 330075AN
Legal Name: UNITED STATES VETERANS INITIATIVE, INC.	Service Type: RES
Address: 15105 6TH STREET	Resident Capacity: 70
City, State: MORENO VALLEY, CA 92518	Total Occupancy: 70
Phone #: (951)656-6892 Fax #: (951)656-6890	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: VALLEY-WIDE OUTREACH SERVICES	Record ID: 330046AN
Legal Name: VALLEY-WIDE RECREATION AND PARK DISTRICT	Service Type: NON
Address: 901 WEST ESPLANADE AVENUE	Resident Capacity: 0
City, State: SAN JACINTO, CA 92582	Total Occupancy: 0
Phone #: (951)654-2026 Fax #: (951)654-2026	Target Population: 1.5
	Expiration Date 11/30/2008
Program Name: METCALF RECOVERY RANCH	Record ID: 330020AN
Legal Name: VARP, INC.	Service Type: RES
Address: 9826 18TH AVENUE	Resident Capacity: 18
City, State: BLYTHE, CA 92225	Total Occupancy: 18
Phone #: (909)922-8625	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: VINE CARE SUBSTANCE ABUSE TREATMENT PROGRAM	Record ID: 330079AN
Legal Name: VINE CARE CENTER	Service Type: NON
Address: 26413 JEFFERSON AVENUE, SUITE H	Resident Capacity: 0
City, State: MURRIETA, CA 92590	Total Occupancy: 0
Phone #: (760)717-3287	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: RIVERSIDE TREATMENT CENTER	Record ID: 330081DP
Legal Name: WCHS, INC.	Service Type: NON
Address: 1021 WEST LA CADENA	Resident Capacity: 0
City, State: RIVERSIDE, CA 92501	Total Occupancy: 0
Phone #: (951)784-8010 Fax #: (951)784-2859	Target Population: 1.1
	Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: MEN'S SUBSTANCE ABUSE RECOVERY HOME
Legal Name: WHITESIDE MANOR
Address: 2709 AND 2743 ORANGE STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004AN
Service Type: RES-DETOX
Resident Capacity: 22
Total Occupancy: 22
Target Population: 1.2
Expiration Date 05/31/2008

Program Name: WHITESIDE MANOR OUTPATIENT PROGRAM
Legal Name: WHITESIDE MANOR
Address: 1660 CHICAGO, SUITE M-5
City, State: RIVERSIDE, CA 92507
Phone #: (951)788-9515 Fax #: (909)686-2303

Record ID: 330004UN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 07/31/2009

Program Name: MEN'S ANNEX
Legal Name: WHITESIDE MANOR
Address: 2759 AND 2791 ORANGE STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 10
Target Population: 1.2
Expiration Date 05/31/2008

Program Name: WILSHIRE HOUSE
Legal Name: WHITESIDE MANOR
Address: 2452 AND 2456 WILSHIRE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004TN
Service Type: RES-DETOX
Resident Capacity: 14
Total Occupancy: 14
Target Population: 1.3
Expiration Date 11/30/2008

Program Name: JANET STREET
Legal Name: WHITESIDE MANOR
Address: 8567, 8589, AND 8605 JANET STREET
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004ON
Service Type: RES-DETOX
Resident Capacity: 18
Total Occupancy: 18
Target Population: 1.2
Expiration Date 04/30/2008

Program Name: CHALLEN APARTMENTS
Legal Name: WHITESIDE MANOR
Address: 5919, 5925, 5929 AND 5935 CHALLEN AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004QN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 03/31/2008

Program Name: PALM AVENUE WOMEN'S PROGRAM
Legal Name: WHITESIDE MANOR, INC.
Address: 4750 PALM AVENUE
City, State: RIVERSIDE, CA 92501
Phone #: (951)686-9454 Fax #: (951)686-2303

Record ID: 330004WN
Service Type: RES-DETOX
Resident Capacity: 12
Total Occupancy: 12
Target Population: 1.3
Expiration Date 10/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Riverside County

Program Name: BORN FREE	Record ID: 330015CN
Legal Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF RIVERSIDE COUNT	Service Type: RES
Address: 8310 BAXTER WAY	Resident Capacity: 6
City, State: RIVERSIDE, CA 92503	Total Occupancy: 11
Phone #: (951)689-9366	Target Population: 1.1
Fax #: (951)352-7374	Expiration Date 12/31/2008
Program Name: THE WYLIE CENTER	Record ID: 330065AN
Legal Name: YOUTH SERVICE CENTER OF RIVERSIDE	Service Type: NON
Address: 4164 BROCKTON AVENUE	Resident Capacity: 0
City, State: RIVERSIDE, CA 92501	Total Occupancy: 0
Phone #: (909)683-5193	Target Population: 1.4
Fax #: (909)683-6019	Expiration Date 02/29/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: ANOTHER CHOICE, ANOTHER CHANCE
Legal Name: ANOTHER CHOICE, ANOTHER CHANCE
Address: 2801 ARAMON DRIVE
City, State: RANCHO CORDOVA, CA 95670
Phone #: (916)361-2089

Record ID: 340037CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.4
Expiration Date 03/31/2008

Program Name: ANOTHER CHOICE, ANOTHER CHANCE
Legal Name: ANOTHER CHOICE, ANOTHER CHANCE
Address: 5415 FLORIN ROAD
City, State: SACRAMENTO, CA 95823
Phone #: (916)429-7977

Record ID: 340037AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2008

Program Name: ALPHA OAKS
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 8400 FAIR OAKS BOULEVARD
City, State: CARMICHAEL, CA 95608
Phone #: (916)944-3920

Record ID: 340001AN
Service Type: RES-DETOX
Resident Capacity: 23
Total Occupancy: 23
Target Population: 1.3
Expiration Date 05/31/2008

Program Name: CORNERSTONE
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 6350 APPIAN WAY
City, State: CARMICHAEL, CA 95608
Phone #: (916)966-5102 Fax #: (916)966-9362

Record ID: 340001CN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.8
Expiration Date 04/30/2008

Program Name: CORNERSTONE
Legal Name: ASSOCIATED REHABILITATION PROGRAM FOR WOMEN, INC.
Address: 6348 APPIAN WAY
City, State: CARMICHAEL, CA 95608
Phone #: (916)966-5102 Fax #: (916)966-9362

Record ID: 340001BN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.8
Expiration Date 04/30/2008

Program Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES
Address: 1422 28TH STREET, SUITE A
City, State: SACRAMENTO, CA 95816
Phone #: (916)450-0700 Fax #: (916)447-4750

Record ID: 340041AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 12/31/2008

Program Name: BRIDGES, INC., "THE PROMISE HOUSE"
Legal Name: BRIDGES PROFESSIONAL TREATMENT SERVICES, INC.
Address: 2727 P STREET
City, State: SACRAMENTO, CA 95816
Phone #: (916)452-3073

Record ID: 340041BN
Service Type: RES
Resident Capacity: 28
Total Occupancy: 28
Target Population: 1.3
Expiration Date 10/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: AZURE ACRES IOP	Record ID: 340078AP
Legal Name: CAMP RECOVERY CENTERS, LP (D.B.A. AZURE ACRES)	Service Type: NON
Address: 5777 MADISON AVENUE, SUITES 360 AND 410	Resident Capacity: 0
City, State: SACRAMENTO, CA 95841	Total Occupancy: 0
Phone #: (916)338-0400 Fax #: (916)338-3589	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039DP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 7011 SYLVAN ROAD, SUITE D	Resident Capacity: 0
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 0
Phone #: (916)723-4335 Fax #: (916)723-4339	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: NEW DAWN RECOVERY CENTERS	Record ID: 340039CP
Legal Name: CDT SERVICE CORPORATION	Service Type: RES
Address: 8780 & 8782 SHERRY DRIVE	Resident Capacity: 12
City, State: ORANGEVALE, CA 95662	Total Occupancy: 14
Phone #: (916)989-1675 Fax #: (916)989-8164	Target Population: 1.2
	Expiration Date 02/28/2009
Program Name: NEW DAWN RECOVERY CENTER	Record ID: 340039AP
Legal Name: CDT SERVICE CORPORATION	Service Type: NON
Address: 7447 ANTELOPE ROAD, SUITE 101	Resident Capacity: 0
City, State: CITRUS HEIGHTS, CA 95621	Total Occupancy: 0
Phone #: (916)723-1319	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: NEW DAWN RECOVERY CENTER	Record ID: 340039BP
Legal Name: CDT SERVICE CORPORATION	Service Type: RES-DETOX
Address: 6039, 6043, AND 6045 ROLOFF WAY	Resident Capacity: 18
City, State: ORANGEVALE, CA 95662	Total Occupancy: 21
Phone #: (916)989-1675 Fax #: (916)989-8164	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: CENTER POINT	Record ID: 340048AN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 11228 FAIR OAKS BOULEVARD	Resident Capacity: 31
City, State: FAIR OAKS, CA 95628	Total Occupancy: 31
Phone #: (916)962-2800	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: CLEAN AND SOBER DETOX	Record ID: 340067AN
Legal Name: CLEAN AND SOBER DETOX, A CALIFORNIA NON-PROFIT CORPORAT	Service Type: RES-DETOX
Address: 8946 MADISON AVENUE	Resident Capacity: 6
City, State: FAIR OAKS, CA 95628	Total Occupancy: 6
Phone #: (916)965-3386 Fax #: (916)536-1393	Target Population: 1.1
	Expiration Date 10/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: CORNERSTONE RECOVERY Legal Name: CORNERSTONE RECOVERY, INC. Address: 3425 MARTIN LUTHER KING BOULEVARD City, State: SACRAMENTO, CA 95820 Phone #: (916)271-4527	Record ID: 340085AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.2 Expiration Date 05/31/2008
Program Name: SACRAMENTO COUNTY DRUG COURT Legal Name: COUNTY OF SACRAMENTO PROBATION DEPARTMENT Address: 2140 STOCKTON BOULEVARD City, State: SACRAMENTO, CA 95817 Phone #: (916)875-1194	Record ID: 340038AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 10/31/2008
Program Name: D & A DETOX CENTER Legal Name: D & A DETOX CENTER Address: 2721 BARBERA WAY City, State: RANCHO CORDOVA, CA 95670 Phone #: (916)364-7660	Record ID: 340035CN Service Type: RES-DETOX Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: D & A WOMEN'S TREATMENT Legal Name: D & A DETOX CENTER, INC. Address: 10565 MALAGA WAY City, State: RANCHO CORDOVA, CA 95670 Phone #: (916)369-7153 Fax #: (916)369-7154	Record ID: 340035GN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2009
Program Name: D & A TREATMENT CENTER Legal Name: D & A DETOX CENTER, INC. Address: 10157 LA ALEGRIA DRIVE City, State: RANCHO CORDOVA, CA 95670 Phone #: (916)361-2833 Fax #: (916)364-5389	Record ID: 340035FN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 06/30/2009
Program Name: DIOGENES YOUTH SERVICES Legal Name: DIOGENES YOUTH SERVICES Address: 9719 LINCOLN VILLAGE DRIVE, SUITE 203 City, State: SACRAMENTO, CA 95827 Phone #: (916)369-5447 Fax #: (916)369-5389	Record ID: 340062AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 05/31/2008
Program Name: EL HOGAR MENTAL HEALTH AND COMMUNITY SERVICE CENTER O Legal Name: EL HOGAR MENTAL HEALTH AND COMMUNITY SERVICE CENTER C Address: 608 AND 610 TENTH STREET City, State: SACRAMENTO, CA 95814 Phone #: (916)441-2933 Fax #: (916)441-0528	Record ID: 340051AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.13 Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: GATEWAY HOUSE	Record ID: 340003AN
Legal Name: GATEWAY FOUNDATION, INC.	Service Type: RES
Address: 4049 MILLER WAY	Resident Capacity: 18
City, State: SACRAMENTO, CA 95817	Total Occupancy: 18
Phone #: (916)451-9312 Fax #: (916)451-8014	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: HOPE HELP AND HEALING	Record ID: 340075AN
Legal Name: HOPE HELP AND HEALING	Service Type: NON
Address: 1516 C STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)443-4437 Fax #: (530)995-6191	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: 12 WAYS TO SUCCESS	Record ID: 340070AN
Legal Name: JUVENILES AT RISK	Service Type: NON
Address: 7650 AMHERST STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95832	Total Occupancy: 0
Phone #: (916)392-5277	Target Population: 1.7
	Expiration Date 01/31/2009
Program Name: KOINONIA GROUP HOME #5	Record ID: 340063AN
Legal Name: KOINONIA FOSTER HOMES, INC.	Service Type: RES
Address: 4232 BIG CLOUD WAY	Resident Capacity: 0
City, State: ANTELOPE, CA 95843	Total Occupancy: 0
Phone #: (916)652-0171 Fax #: (916)652-3979	Target Population: 1.5
Program Name: I'M NOT ALONE - LAMERCIE YOUTH AND ADULT SERVICES, INC.	Record ID: 340076BN
Legal Name: LAMERCIE YOUTH AND ADULT SERVICES, INC.	Service Type: RES
Address: 2251 FLORIN ROAD, SUITE 35	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)665-2828 Fax #: (916)683-4640	Target Population: 1.5
Program Name: I'M NOT ALONE - LAMERCIE YOUTH AND ADULT SERVICES, INC.	Record ID: 340076AN
Legal Name: LAMERCIE YOUTH AND ADULT SERVICES, INC.	Service Type: RES
Address: 22 CAPRICE COURT	Resident Capacity: 0
City, State: SACRAMENTO, CA 95832	Total Occupancy: 0
Phone #: (916)665-2828 Fax #: (916)683-4640	Target Population: 1.5
Program Name: MERCY PERINATAL RECOVERY NETWORK (PRN)	Record ID: 340040BN
Legal Name: MERCY HEALTHCARE SACRAMENTO	Service Type: NON
Address: 650 HOWE AVENUE, SUITES 504, 530 AND 560	Resident Capacity: 0
City, State: SACRAMENTO, CA 95825	Total Occupancy: 0
Phone #: (916)733-6354 Fax #: (916)921-7569	Target Population: 1.3
	Expiration Date 03/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Sacramento County

Program Name: MI CASA RECOVERY HOME	Record ID: 340004BN
Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC.	Service Type: RES
Address: 2515 48TH AVENUE	Resident Capacity: 20
City, State: SACRAMENTO, CA 95822	Total Occupancy: 20
Phone #: (916)394-2328 Fax #: (916)394-2457	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: MI CASA - OUTPATIENT PROGRAM	Record ID: 340004CN
Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC.	Service Type: NON
Address: 2515 48TH AVENUE	Resident Capacity: 0
City, State: SACRAMENTO, CA 95822	Total Occupancy: 0
Phone #: (916)394-2320 Fax #: (916)394-2457	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: MAAP COUNSELING CENTER	Record ID: 340004DN
Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC.	Service Type: NON
Address: 4241 FLORIN ROAD, SUITE 110	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)394-2320	Target Population: 1.1
	Expiration Date 04/30/2007
Program Name: MAAP COUNSELING CENTER	Record ID: 340004EN
Legal Name: MEXICAN AMERICAN ALCOHOLISM PROGRAM, INC.	Service Type: NON
Address: 3437 MYRTLE AVENUE, SUITE 420	Resident Capacity: 0
City, State: NORTH HIGHLANDS, CA 95660	Total Occupancy: 0
Phone #: (916)338-6835	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: MUCH LOV 2 GIVE TREATMENT CENTER	Record ID: 340072AN
Legal Name: MUCH LOV 2 GIVE FOUNDATION	Service Type: RES
Address: 7921 34TH AVENUE	Resident Capacity: 6
City, State: SACRAMENTO, CA 95824	Total Occupancy: 6
Phone #: (916)388-9380	Target Population: 1.4
	Expiration Date 04/30/2009
Program Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, IN	Record ID: 340052AN
Legal Name: NATIONAL COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE, INC.	Service Type: NON
Address: 2316 BELL EXECUTIVE LANE	Resident Capacity: 0
City, State: SACRAMENTO, CA 95825	Total Occupancy: 0
Phone #: (916)922-9217 Fax #: (916)922-0072	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: NATIONAL EDUCATIONAL ENRICHMENT DEVELOPMENT SERVICES	Record ID: 340073AN
Legal Name: NATIONAL-EDUCATIONAL-ENRICHMENT-DEVELOPMENT-SERVICES	Service Type: NON
Address: 950 FULTON AVENUE, SUITE 200	Resident Capacity: 0
City, State: SACRAMENTO, CA 95825	Total Occupancy: 0
Phone #: (916)482-2006 Fax #: (916)482-8814	Target Population: 1.8
	Expiration Date 03/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Sacramento County

Program Name: SACRAMENTO NATIVE AMERICAN HEALTH CENTER	Record ID: 340082AN
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.	Service Type: NON
Address: 2020 J STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)341-0575 Fax #: (916)341-0574	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: NEW LIFE PROJECT, INC.	Record ID: 340087AN
Legal Name: NEW LIFE PROJECT, INC.	Service Type: NON
Address: 5501 SKY PARKWAY	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)392-6801 Fax #: (916)427-2304	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: OAK HOUSE TREATMENT PROGRAM II	Record ID: 340013AP
Legal Name: OAK HOUSE CORPORATION	Service Type: RES-DETOX
Address: 7919 OAK AVENUE	Resident Capacity: 9
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 10
Phone #: (916)721-9699	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: OAK HOUSE I	Record ID: 340013BP
Legal Name: OAK HOUSE CORPORATION	Service Type: RES
Address: 7987 OAK AVENUE	Resident Capacity: 6
City, State: CITRUS HEIGHTS, CA 95610	Total Occupancy: 6
Phone #: (916)721-9699 Fax #: (916)721-5302	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: PANACEA, INC. - COMPREHENSIVE DRUG AND ALCOHOL TREATMENT	Record ID: 340064AP
Legal Name: PANACEA, INC.	Service Type: NON
Address: 3353 BRADSHAW ROAD, SUITE 103	Resident Capacity: 0
City, State: SACRAMENTO, CA 95827	Total Occupancy: 0
Phone #: (916)854-4564	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: ALTUA	Record ID: 340002AN
Legal Name: RIVER CITY RECOVERY CENTER, INC.	Service Type: RES
Address: 12490 ALTA MESA ROAD	Resident Capacity: 80
City, State: GALT, CA 95632	Total Occupancy: 80
Phone #: (209)748-2470	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: GRACE HOUSE	Record ID: 340002CN
Legal Name: RIVER CITY RECOVERY CENTER, INC.	Service Type: RES
Address: 2217 G STREET	Resident Capacity: 15
City, State: SACRAMENTO, CA 95816	Total Occupancy: 15
Phone #: (916)442-3979	Target Population: 1.3
	Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: STARLIGHT Legal Name: RIVER CITY RECOVERY CENTER, INC. Address: 2218 E STREET City, State: SACRAMENTO, CA 95816 Phone #: (916)442-3979 Fax #: (916)442-3577	Record ID: 340002BN Service Type: RES Resident Capacity: 24 Total Occupancy: 24 Target Population: 1.3 Expiration Date 11/30/2008
Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Address: 2925 34TH STREET City, State: SACRAMENTO, CA 95817 Phone #: (916)454-2120	Record ID: 340045AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2009
Program Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Legal Name: SACRAMENTO AREA EMERGENCY HOUSING CENTER Address: 4516 PARKER AVENUE City, State: SACRAMENTO, CA 95816 Phone #: (916)455-2160	Record ID: 340045BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 02/28/2009
Program Name: SACRAMENTO BLACK ALCOHOLISM CENTER Legal Name: SACRAMENTO BLACK ALCOHOLISM CENTER Address: 3307 BROADWAY AVENUE, SUITE 200 City, State: SACRAMENTO, CA 95817 Phone #: (916)454-4242	Record ID: 340008AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 09/30/2008
Program Name: SACRAMENTO RECOVERY HOUSE Legal Name: SACRAMENTO RECOVERY HOUSE, INC. Address: 1914 22ND STREET City, State: SACRAMENTO, CA 95816 Phone #: (916)455-6258	Record ID: 340009AN Service Type: RES Resident Capacity: 15 Total Occupancy: 18 Target Population: 1.2 Expiration Date 08/31/2008
Program Name: STRATEGIES FOR CHANGE OUTPATIENT Legal Name: STRATEGIES FOR CHANGE Address: 4330 AUBURN BOULEVARD # 2200 City, State: SACRAMENTO, CA 95841 Phone #: (916)473-5764 Fax #: (916)473-5766	Record ID: 340084AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 07/31/2009
Program Name: STRATEGIES FOR CHANGE - PASSAGES Legal Name: STRATEGIES FOR CHANGE Address: 7000 FRANKLIN BOULEVARD, SUITE 110 City, State: SACRAMENTO, CA 95823 Phone #: (916)395-3552	Record ID: 340084BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sacramento County

Program Name: CARES ALCOHOL AND OTHER DRUG OUTPATIENT PROGRAM	Record ID: 340042BN
Legal Name: THE CENTER FOR A.I.D.S. RESEARCH, EDUCATION AND SERVICES -	Service Type: NON
Address: 1500 21ST STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)443-3299 Fax #: (916)325-1980	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: ST. JOHN'S SHELTER	Record ID: 340015HN
Legal Name: THE EFFORT, INC.	Service Type: NON
Address: 4410 POWER INN ROAD	Resident Capacity: 0
City, State: SACRAMENTO, CA 95826	Total Occupancy: 0
Phone #: (916)368-3077	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: BIRTH AND BEYOND	Record ID: 340015GN
Legal Name: THE EFFORT, INC.	Service Type: NON
Address: 6015 WATT AVENUE, SUITE 2	Resident Capacity: 0
City, State: NORTH HIGHLANDS, CA 95660	Total Occupancy: 0
Phone #: (916)679-3925 Fax #: (916)679-3928	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: THE EFFORT DETOXIFICATION CENTER	Record ID: 340015EN
Legal Name: THE EFFORT, INC.	Service Type: RES-DETOX
Address: 7586 STOCKTON BOULEVARD	Resident Capacity: 18
City, State: SACRAMENTO, CA 95823	Total Occupancy: 18
Phone #: (916)691-3417	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: CRISIS INTAKE AND COUNSELING CENTER	Record ID: 340015CN
Legal Name: THE EFFORT, INC.	Service Type: NON
Address: 1820 J STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)444-6294	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: ALTERNATIVE HOUSE	Record ID: 340015AN
Legal Name: THE EFFORT, INC.	Service Type: RES
Address: 1550 JULIESSE AVENUE	Resident Capacity: 40
City, State: SACRAMENTO, CA 95815	Total Occupancy: 40
Phone #: (916)739-1764	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HOUSE OF UMOJA/RAFA PROJECT	Record ID: 340066BN
Legal Name: THE GIFTED HEALING CENTER, INC.	Service Type: RES
Address: 7654 22ND STREET	Resident Capacity: 12
City, State: SACRAMENTO, CA 95832	Total Occupancy: 12
Phone #: (916)665-1503 Fax #: (916)665-1503	Target Population: 1.1
	Expiration Date 02/28/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Sacramento County

Program Name: SACRAMENTO TREATMENT CLINIC	Record ID: 340080AP
Legal Name: TREATMENT ASSOCIATES, INC.	Service Type: NON
Address: 7225 EAST SOUTHGATE DRIVE, SUITE D	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)394-1000 Fax #: (916)394-1010	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SACRAMENTO VETERANS RESOURCE CENTER	Record ID: 340058AN
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.	Service Type: RES
Address: 7270 EAST SOUTHGATE DRIVE, BUILDING 4	Resident Capacity: 22
City, State: SACRAMENTO, CA 95823	Total Occupancy: 22
Phone #: (916)393-8387 Fax #: (916)393-8389	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: SACRAMENTO VETERANS RESOURCE CENTER'S OUTPATIENT SUBS'	Record ID: 340058BN
Legal Name: VIETNAM VETERANS OF CALIFORNIA, INC.	Service Type: NON
Address: 7270 EAST SOUTHGATE DRIVE	Resident Capacity: 0
City, State: SACRAMENTO, CA 95823	Total Occupancy: 0
Phone #: (916)393-8387 Fax #: (916)393-8389	Target Population: 1.1
	Expiration Date 12/31/2009
Program Name: OPTIONS FOR RECOVERY - RESIDENTIAL TREATMENT PROGRAM	Record ID: 340018AN
Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF	Service Type: RES
Address: POST OFFICE BOX 38369	Resident Capacity: 24
City, State: SACRAMENTO, CA 95838	Total Occupancy: 36
Phone #: (916)929-1951 Fax #: (916)929-5116	Target Population: 1.4
	Expiration Date 11/30/2008
Program Name: COMPREHENSIVE ALCOHOL TREATMENT CENTER	Record ID: 340018DN
Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF	Service Type: RES
Address: 700 NORTH 5TH STREET, ROOMS 200, 300, 500, AND 700-704	Resident Capacity: 32
City, State: SACRAMENTO, CA 95814	Total Occupancy: 32
Phone #: (916)448-1236 Fax #: (916)448-6722	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: VOLUNTEERS OF AMERICA SUBSTANCE ABUSE OUTREACH COUNSI	Record ID: 340018EN
Legal Name: VOLUNTEERS OF AMERICA GREATER SACRAMENTO AND NORTHEF	Service Type: NON
Address: 1590 NORTH A STREET AND 470 BANNON STREET	Resident Capacity: 0
City, State: SACRAMENTO, CA 95814	Total Occupancy: 0
Phone #: (916)874-4351	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

San Benito County

As of: 11/06/2007

Program Name: SAN BENITO COUNTY SUBSTANCE ABUSE PROGRAM

Legal Name: SAN BENITO COUNTY

Address: 1131 SAN FELIPE ROAD

City, State: HOLLISTER, CA 95023

Phone #: (831)637-5594 Fax #: (831)636-9086

Record ID: 350001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: BILINGUAL FAMILY COUNSELING SERVICE, INC.	Record ID: 360062AN
Legal Name: BILINGUAL FAMILY COUNSELING SERVICE, INCORPORATED	Service Type: NON
Address: 311, 313, AND 317 WEST F STREET	Resident Capacity: 0
City, State: ONTARIO, CA 91762	Total Occupancy: 0
Phone #: (909)986-7111 Fax #: (909)986-0941	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: SERENITY PLACE ALCOHOL AND DRUG TREATMENT PROGRAM	Record ID: 360068AN
Legal Name: BRANDON J, INC.	Service Type: NON
Address: 128 EAST G STREET, SUITE 111	Resident Capacity: 0
City, State: COLTON, CA 92324	Total Occupancy: 0
Phone #: (909)433-0330 Fax #: (909)433-3099	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: CASA DE SAN BERNARDINO-ODF PROGRAM	Record ID: 360013AN
Legal Name: CASA DE SAN BERNARDINO, INC.	Service Type: NON
Address: 735 NORTH D STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92401	Total Occupancy: 0
Phone #: (909)381-5507	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: CLEAR VIEW TREATMENT CENTER, INC.	Record ID: 360065AN
Legal Name: CLEAR VIEW TREATMENT CENTER, INC.	Service Type: NON
Address: 1325 SOUTH AUTO PLAZA DRIVE, SUITES 120 AND 130	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92408	Total Occupancy: 0
Phone #: (909)338-9849 Fax #: (909)794-8541	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: DAP RECOVERY HOME	Record ID: 360021BN
Legal Name: DRUG ALTERNATIVE PROGRAM	Service Type: RES
Address: 11810 KINGSTON STREET	Resident Capacity: 6
City, State: GRAND TERRACE, CA 92313	Total Occupancy: 7
Phone #: (909)783-1094	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: FAMILY SERVICE AGENCY SUBSTANCE ABUSE PROGRAM	Record ID: 360044AN
Legal Name: FAMILY SERVICE AGENCY OF SAN BERNARDINO	Service Type: NON
Address: 1669 NORTH E STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 0
Phone #: (909)886-6737 Fax #: (909)881-3871	Target Population: 1.7
	Expiration Date 10/31/2007
Program Name: NEW CREATION ALCOHOL AND DRUG COUNSELING SERVICES	Record ID: 360054AP
Legal Name: G AND C SWAN INC.	Service Type: NON
Address: 120 WEST 9TH STREET, ROOM T3	Resident Capacity: 0
City, State: UPLAND, CA 91786	Total Occupancy: 0
Phone #: (909)981-6121 Fax #: (909)944-0192	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: HASE AND ASSOCIATES SYSTEMS, INCORPORATED (HASI)	Record ID: 360052BP
Legal Name: HASE AND ASSOCIATES SYSTEMS, INCORPORATED	Service Type: NON
Address: 353 WEST SIXTH STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92401	Total Occupancy: 0
Phone #: (909)888-0149 Fax #: (909)888-7179	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTE	Record ID: 360030AN
Legal Name: HIGH DESERT CHILD ADOLESCENT AND FAMILY SERVICES CENTER	Service Type: NON
Address: 16248 VICTOR STREET	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)243-7151 Fax #: (760)952-1432	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: IMPETUS INCORPORATED	Record ID: 360045AN
Legal Name: IMPETUS, INC.	Service Type: NON
Address: 12560 CENTRAL AVENUE	Resident Capacity: 0
City, State: CHINO, CA 91710	Total Occupancy: 0
Phone #: (909)591-4761 Fax #: (909)902-5500	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Record ID: 360015AN
Legal Name: INLAND BEHAVIORAL AND HEALTH SERVICES, INC.	Service Type: NON
Address: 1963 NORTH E STREET	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 0
Phone #: (909)881-6146	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: ORANGE RECOVERY HOME	Record ID: 360001BN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES
Address: 1003 NORTH ORANGE AVENUE	Resident Capacity: 6
City, State: ONTARIO, CA 91764	Total Occupancy: 6
Phone #: (909)932-1069	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: CAROLINE HOUSE	Record ID: 360001EN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES
Address: 1646 CAROLINE STREET	Resident Capacity: 6
City, State: ONTARIO, CA 91764	Total Occupancy: 6
Phone #: (909)985-1776	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: DETOX CENTER	Record ID: 360001GN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES
Address: 1439 WEST ARROW HIGHWAY	Resident Capacity: 6
City, State: UPLAND, CA 91786	Total Occupancy: 6
Phone #: (909)932-1069 Fax #: (909)932-1087	Target Population: 1.1
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: WOMEN'S RESIDENTIAL SERVICES	Record ID: 360001ZN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES-DETOX
Address: 1260 ARROW HIGHWAY, BUILDING C	Resident Capacity: 60
City, State: UPLAND, CA 91786	Total Occupancy: 75
Phone #: (909)932-1069 Fax #: (909)932-1087	Target Population: 1.4
	Expiration Date 02/29/2008
Program Name: RECOVERY CENTER	Record ID: 360001AAN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: NON
Address: 934 NORTH MOUNTAIN AVENUE, SUITES A & B	Resident Capacity: 0
City, State: UPLAND, CA 91786	Total Occupancy: 0
Phone #: (909)949-4667	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: ARROW HOUSE II	Record ID: 360001BBN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES
Address: 1131 17TH STREET	Resident Capacity: 6
City, State: UPLAND, CA 91786	Total Occupancy: 6
Phone #: (909)932-1069 Fax #: (909)982-4739	Target Population: 1.3
	Expiration Date 04/30/2009
Program Name: RANCHO HOUSE	Record ID: 360001CCN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES
Address: 8556 HYACINTH STREET	Resident Capacity: 6
City, State: RANCHO CUCAMONGA, CA 91730	Total Occupancy: 6
Phone #: (909)932-1069 Fax #: (909)579-0243	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: MARIN RECOVERY HOME	Record ID: 360001CN
Legal Name: INLAND VALLEY DRUG AND ALCOHOL RECOVERY SERVICES	Service Type: RES-DETOX
Address: 1636 MARIN AVENUE	Resident Capacity: 6
City, State: ONTARIO, CA 91764	Total Occupancy: 6
Phone #: (909)932-1069	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: JERICHO OUTREACH - MEN'S HOME	Record ID: 360009AN
Legal Name: JERICHO OUTREACH, INC.	Service Type: RES-DETOX
Address: 5151 F STREET AND 13369 5TH STREET	Resident Capacity: 14
City, State: CHINO, CA 91710	Total Occupancy: 14
Phone #: (909)591-9077	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: MATRIX INSTITUTE ON ADDICTIONS	Record ID: 360020AN
Legal Name: MATRIX INSTITUTE ON ADDICTIONS	Service Type: NON
Address: 9375 ARCHIBALD AVENUE, SUITES 204 AND 311	Resident Capacity: 0
City, State: RANCHO CUCAMONGA, CA 91730	Total Occupancy: 0
Phone #: (909)989-9724	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: PRIDE	Record ID: 360033AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1874 BUSINESS CENTER DRIVE, SUITE B	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92408	Total Occupancy: 0
Phone #: (909)381-8151 Fax #: (909)381-6550	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: FONTANA CENTER FOR CHANGE	Record ID: 360033JN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 7965 SIERRA AVENUE, SUITE L	Resident Capacity: 0
City, State: FONTANA, CA 92336	Total Occupancy: 0
Phone #: (909)357-4585 Fax #: (909)357-4589	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: SAN BERNARDINO CENTER FOR CHANGE	Record ID: 360033MN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1874 BUSINESS CENTER DRIVE, SUITE A	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92408	Total Occupancy: 0
Phone #: (909)386-0523 Fax #: (909)386-0529	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: FONTANA REGIONAL RECOVERY CENTER	Record ID: 360033LN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 7993 SIERRA AVENUE, SUITES L & K	Resident Capacity: 0
City, State: FONTANA, CA 92336	Total Occupancy: 0
Phone #: (909)822-8720 Fax #: (909)822-8438	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: REDLANDS CENTER FOR CHANGE	Record ID: 360033DN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 802 WEST COLTON AVENUE, SUITE C AND D	Resident Capacity: 0
City, State: REDLANDS, CA 92374	Total Occupancy: 0
Phone #: (909)335-2989 Fax #: (909)335-1701	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: VICTOR VALLEY CENTER FOR CHANGE	Record ID: 360033BN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 15770 MOJAVE DRIVE, SUITES K & L	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)843-7809 Fax #: (760)843-7810	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: CENTRAL VALLEY REGIONAL RECOVERY CENTER	Record ID: 360033HN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1076 SANTO ANTONIO AVENUE, SUITES B,C & D	Resident Capacity: 0
City, State: COLTON, CA 92324	Total Occupancy: 0
Phone #: (909)433-9824 Fax #: (909)433-9830	Target Population: 1.1
	Expiration Date 09/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name: BARSTOW CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 200 EAST WILLIAMS City, State: BARSTOW, CA 92311 Phone #: (760)256-9224 Fax #: (760)256-9527	Record ID: 360033KN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2009
Program Name: NEEDLES CENTER FOR CHANGE Legal Name: MENTAL HEALTH SYSTEMS, INC. Address: 300 H STREET City, State: NEEDLES, CA 92363 Phone #: (760)326-4590 Fax #: (760)326-3154	Record ID: 360033IN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2008
Program Name: MERRILL COMMUNITY SERVICES Legal Name: MERRILL COMMUNITY SERVICES, INC. Address: 8627 WHEELER AVENUE City, State: FONTANA, CA 92335 Phone #: (909)823-0609	Record ID: 360016AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: MIRACLES IN RECOVERY Legal Name: MIRACLES IN RECOVERY, INC. Address: 1064 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3974	Record ID: 360056AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009
Program Name: MIRACLES IN RECOVERY - SAVE THE BABIES Legal Name: MIRACLES IN RECOVERY, INC. Address: 2316 VALENCIA STREET City, State: SAN BERNARDINO, CA 92404 Phone #: (909)881-3555 Fax #: (909)888-9555	Record ID: 360056DN Service Type: RES Resident Capacity: 6 Total Occupancy: 10 Target Population: 1.3 Expiration Date 07/31/2009
Program Name: MIRACLES IN RECOVERY Legal Name: MIRACLES IN RECOVERY, INC. Address: 2107 NORTH SIERRA WAY City, State: SAN BERNARDINO, CA 92404 Phone #: (909)883-3318	Record ID: 360056CN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 02/28/2009
Program Name: NEW HOUSE, INC. Legal Name: NEW HOUSE, INC. Address: 840, 850, 850A AND 850B NORTH ARROWHEAD AVENUE City, State: SAN BERNARDINO, CA 92405 Phone #: (909)881-0389	Record ID: 360005AN Service Type: RES Resident Capacity: 29 Total Occupancy: 29 Target Population: 1.9 Expiration Date 03/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name: NEW HOUSE, INC.	Record ID: 360005BN
Legal Name: NEW HOUSE, INC.	Service Type: RES
Address: 856, 856-1, 856-2, AND 856-3 NORTH ARROWHEAD AVENUE	Resident Capacity: 23
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 23
Phone #: (909)881-0389	Target Population: 1.4
	Expiration Date 03/31/2008
Program Name: STEPPING STONES TO RECOVERY	Record ID: 360059AN
Legal Name: ONE-2-ONE MENTORS	Service Type: NON
Address: 16245 DESERT KNOLL DRIVE	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)245-1997 Fax #: (760)245-9774	Target Population: 1.7
	Expiration Date 04/30/2009
Program Name: OPERATION BREAKTHROUGH	Record ID: 360031AN
Legal Name: OPERATION BREAKTHROUGH	Service Type: NON
Address: 40880 PEDDER ROAD	Resident Capacity: 0
City, State: BIG BEAR LAKE, CA 92315	Total Occupancy: 0
Phone #: (909)866-5437 Fax #: (909)866-8555	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: TASK (TEEN ALCOHOL AND SUBSTANCE KARE)	Record ID: 360046AN
Legal Name: PEOPLE'S CHOICE, INC.	Service Type: NON
Address: 1505 WEST HIGHLAND AVENUE, SUITES 4 AND 5	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92411	Total Occupancy: 0
Phone #: (909)887-3524 Fax #: (909)889-6610	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: PINE RIDGE TREATMENT CENTER	Record ID: 360007AP
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED	Service Type: RES
Address: 2727 HIGHLAND DRIVE	Resident Capacity: 19
City, State: RUNNING SPRINGS, CA 92382	Total Occupancy: 19
Phone #: (909)867-7028	Target Population: 1.2
	Expiration Date 09/30/2007
Program Name: PINE RIDGE TREATMENT CENTERS, INC. - VICTORVILLE	Record ID: 360007BP
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED	Service Type: NON
Address: 15367 BONANZA ROAD, #A	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)955-1012 Fax #: (760)955-4811	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: PINE RIDGE TREATMENT CENTERS, INC. - SAN BERNARDINO	Record ID: 360007CP
Legal Name: PINE RIDGE TREATMENT CENTER, INCORPORATED	Service Type: NON
Address: 1881 COMMERCENTER EAST, SUITE 114	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92408	Total Occupancy: 0
Phone #: (909)383-8809	Target Population: 1.1
	Expiration Date 09/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name: PINE RIDGE TREATMENT CENTER - LUCERNE VALLEY	Record ID: 360007DP
Legal Name: PINE RIDGE TREATMENT CENTERS, INCORPORATED	Service Type: RES-DETOX
Address: 9401 CRYSTAL CREEK ROAD	Resident Capacity: 24
City, State: LUCERNE VALLEY, CA 92356	Total Occupancy: 24
Phone #: (760)248-9199	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: R.A.P. COMMUNITY RECOVERY SERVICES	Record ID: 360051AN
Legal Name: R.A.P. COMMUNITY RECOVERY SERVICES	Service Type: NON
Address: 17205 ARROW BOULEVARD, 2ND FLOOR	Resident Capacity: 0
City, State: FONTANA, CA 92335	Total Occupancy: 0
Phone #: (909)357-6439 Fax #: (909)356-0120	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: BARSTOW GUIDANCE CENTER D.B.A. VISTA GUIDANCE CENTERS	Record ID: 360023FN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC.	Service Type: NON
Address: 309 EAST MOUNTAIN VIEW, SUITE 100	Resident Capacity: 0
City, State: BARSTOW, CA 92311	Total Occupancy: 0
Phone #: (760)256-0376 Fax #: (760)256-0377	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: VISTA RECOVERY CENTER	Record ID: 360023DN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A.	Service Type: NON
Address: 939 AND 955-1/2 NORTH D STREET	Resident Capacity: 0
City, State: SAN BERNADINO, CA 92418	Total Occupancy: 0
Phone #: (909)381-5100 Fax #: (909)381-5101	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: REDLANDS GUIDANCE CENTER	Record ID: 360023BN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A.	Service Type: NON
Address: 1323 WEST COLTON AVENUE, SUITES 100, 105, 210, AND 215	Resident Capacity: 0
City, State: REDLANDS, CA 92375	Total Occupancy: 0
Phone #: (909)335-7067 Fax #: (909)792-0033	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: VICTOR VALLEY GUIDANCE CENTER	Record ID: 360023EN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A.	Service Type: NON
Address: 15447 ANACAPA ROAD, SUITE 200	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)245-9446 Fax #: (760)951-8986	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: YUCAIPA GUIDANCE CENTER	Record ID: 360023AN
Legal Name: REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. D.B.A.	Service Type: NON
Address: 34324 YUCAIPA BOULEVARD, SUITES B, C, AND D	Resident Capacity: 0
City, State: YUCAIPA, CA 92399	Total Occupancy: 0
Phone #: (909)335-7067	Target Population: 1.1
	Expiration Date 02/29/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name:	HIGHLAND GUIDANCE CENTER	Record ID:	360023CN
Legal Name:	REDLANDS-YUCAIPA GUIDANCE CLINIC ASSOCIATION, INC. DBA V	Service Type:	NON
Address:	3694 HIGHLAND AVENUE, SUITES 19, 23, AND 24	Resident Capacity:	0
City, State:	HIGHLAND, CA 92346	Total Occupancy:	0
Phone #:	(909)335-7067	Target Population:	1.1
Fax #:	(909)792-0033	Expiration Date	07/31/2009
Program Name:	RIM FAMILY SERVICES	Record ID:	360036AN
Legal Name:	RIM FAMILY SERVICES, INC.	Service Type:	NON
Address:	28545 HIGHWAY 18	Resident Capacity:	0
City, State:	SKYFOREST, CA 92385	Total Occupancy:	0
Phone #:	(909)336-1800	Target Population:	1.7
Fax #:	(909)336-0990	Expiration Date	06/30/2008
Program Name:	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. (SAN	Record ID:	360058AN
Legal Name:	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	Service Type:	NON
Address:	2210 EAST HIGHLAND AVENUE, SUITE 107	Resident Capacity:	0
City, State:	SAN BERNARDINO, CA 92404	Total Occupancy:	0
Phone #:	(951)864-1097	Target Population:	1.8
Fax #:	(951)849-9633	Expiration Date	04/30/2009
Program Name:	ALCOHOL AND DRUG OUTPATIENT TREATMENT	Record ID:	360070AN
Legal Name:	SAC HEALTH SYSTEM	Service Type:	NON
Address:	1455 EAST THIRD STREET, SUITES B, C, 232, 244, 249, 262 AND 26	Resident Capacity:	0
City, State:	SAN BERNARDINO, CA 92408	Total Occupancy:	0
Phone #:	(909)382-7102	Target Population:	1.1
Fax #:	(909)382-7166	Expiration Date	11/30/2008
Program Name:	PERINATAL SUBSTANCE ABUSE TREATMENT SERVICES	Record ID:	360050AN
Legal Name:	SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type:	NON
Address:	850 FOOTHILL BOULEVARD, SUITE A	Resident Capacity:	0
City, State:	RIALTO, CA 92376	Total Occupancy:	0
Phone #:	(909)421-9206	Target Population:	1.4
Fax #:	(909)421-9457	Expiration Date	05/31/2009
Program Name:	VICTOR VALLEY BEHAVIORAL HEALTH CENTER	Record ID:	360050DN
Legal Name:	SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type:	NON
Address:	12625 HESPERIA ROAD, ROOMS B4, C5, C6, E1 AND E9 - E12	Resident Capacity:	0
City, State:	VICTORVILLE, CA 92392	Total Occupancy:	0
Phone #:	(760)955-1777	Target Population:	1.1
Fax #:	(760)955-2356	Expiration Date	10/31/2009
Program Name:	VICTOR VALLEY PERINATAL TREATMENT CENTER	Record ID:	360050BN
Legal Name:	SAN BERNARDINO COUNTY BEHAVIORAL HEALTH DEPARTMENT	Service Type:	NON
Address:	11951 HESPERIA ROAD	Resident Capacity:	0
City, State:	HESPERIA, CA 92345	Total Occupancy:	0
Phone #:	(909)956-6780	Target Population:	1.4
Fax #:	(760)956-3761	Expiration Date	05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name:	SAN BERNARDINO COUNTY - BARSTOW ADS	Record ID:	360050EN
Legal Name:	SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	Service Type:	NON
Address:	805 EAST MOUNTAIN VIEW STREET	Resident Capacity:	0
City, State:	BARSTOW, CA 92311	Total Occupancy:	0
Phone #:	(760)256-5026	Target Population:	1.1
Fax #:	(760)256-5092	Expiration Date	09/30/2009
Program Name:	CHINO PERINATAL SUBSTANCE ABUSE PROGRAM	Record ID:	360050HN
Legal Name:	SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH	Service Type:	NON
Address:	6180 RIVERSIDE DRIVE, SUITE H	Resident Capacity:	0
City, State:	CHINO, CA 91710	Total Occupancy:	0
Phone #:	(909)590-5355	Target Population:	1.1
Fax #:	(909)590-5333	Expiration Date	03/31/2008
Program Name:	LUCERNE VALLEY COUNSELING AND BEHAVIORAL HEALTH CENTER	Record ID:	360050FN
Legal Name:	SAN BERNARDINO COUNTY, DEPARTMENT OF BEHAVIORAL HEALTH	Service Type:	NON
Address:	32700 OLD WOMAN SPRINGS ROAD	Resident Capacity:	0
City, State:	LUCERNE VALLEY, CA 92356	Total Occupancy:	0
Phone #:	(760)248-6612	Target Population:	1.1
Fax #:	(760)256-5092	Expiration Date	01/31/2008
Program Name:	CEDAR HOUSE REHABILITATION CENTER	Record ID:	360002DN
Legal Name:	SOCIAL SCIENCE SERVICES, INC.	Service Type:	RES-DETOX
Address:	18612 SANTA ANA AVENUE	Resident Capacity:	125
City, State:	BLOOMINGTON, CA 92316	Total Occupancy:	125
Phone #:	(909)421-7120	Target Population:	1.1
		Expiration Date	01/31/2008
Program Name:	CEDAR HOUSE REHABILITATION CENTER	Record ID:	360002CN
Legal Name:	SOCIAL SCIENCE SERVICES, INC.	Service Type:	NON
Address:	18612 SANTA ANA AVENUE	Resident Capacity:	0
City, State:	BLOOMINGTON, CA 92316	Total Occupancy:	0
Phone #:	(909)421-7120	Target Population:	1.1
		Expiration Date	01/31/2008
Program Name:	CEDAR HOUSE REHABILITATION CENTER, WOMEN AND CHILDREN	Record ID:	360002FN
Legal Name:	SOCIAL SCIENCE SERVICES, INC.	Service Type:	RES
Address:	10888 MAPLE AVENUE	Resident Capacity:	11
City, State:	BLOOMINGTON, CA 92316	Total Occupancy:	26
Phone #:	(909)873-0478	Target Population:	1.4
Fax #:	(909)421-7128	Expiration Date	10/31/2007
Program Name:	ST. JOHN OF GOD HEALTH CARE SERVICES	Record ID:	360003HN
Legal Name:	ST. JOHN OF GOD HEALTH CARE SERVICES	Service Type:	RES-DETOX
Address:	13333 PALMDALE ROAD	Resident Capacity:	66
City, State:	VICTORVILLE, CA 92392	Total Occupancy:	82
Phone #:	(760)241-4917	Target Population:	1.1
		Expiration Date	05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Record ID: 360003IN
Legal Name: ST. JOHN OF GOD HEALTH CARE SERVICES	Service Type: NON
Address: 15534 6TH STREET	Resident Capacity: 0
City, State: VICTORVILLE, CA 92392	Total Occupancy: 0
Phone #: (760)241-4917 Fax #: (760)241-8911	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: JOSHUA TREE DRUG COURT	Record ID: 360006CN
Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION	Service Type: NON
Address: 61607 29 PALMS HIGHWAY, SUITES C AND D	Resident Capacity: 0
City, State: JOSHUA TREE, CA 92252	Total Occupancy: 0
Phone #: (760)366-8641 Fax #: (760)366-3365	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: PANORAMA RANCH	Record ID: 360006AN
Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I	Service Type: RES-DETOX
Address: 65675 SULLIVAN ROAD	Resident Capacity: 30
City, State: JOSHUA TREE, CA 92252	Total Occupancy: 30
Phone #: (760)366-9100	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: PANORAMA RANCH	Record ID: 360006BN
Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I	Service Type: NON
Address: 55475 SANTA FE TRAIL, ROOMS 11-13, 15, 18-20, 22, 23, AND 23A	Resident Capacity: 0
City, State: YUCCA VALLEY, CA 92284	Total Occupancy: 0
Phone #: (760)365-3022 Fax #: (760)366-3592	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: MORONGO BASIN MENTAL HEALTH SERVICES ASSOC. INCORP./PAN	Record ID: 360006FN
Legal Name: THE MORONGO BASIN MENTAL HEALTH SERVICES ASSOCIATION, I	Service Type: RES
Address: 234, 300, 304 & 308 EAST FREDERICKS AVENUE	Resident Capacity: 48
City, State: BARSTOW, CA 92311	Total Occupancy: 48
Phone #: (760)256-7313 Fax #: (760)256-3101	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: TIME FOR CHANGE FOUNDATION	Record ID: 360071AN
Legal Name: TIME FOR CHANGE FOUNDATION	Service Type: NON
Address: 2130 NORTH ARROWHEAD AVENUE, #104, B, C, & D	Resident Capacity: 0
City, State: SAN BERNARDINO, CA 92405	Total Occupancy: 0
Phone #: (909)886-2994 Fax #: (909)886-0218	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: VALLEY IMPROVEMENT PROGRAMS, INC.	Record ID: 360049CP
Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC.	Service Type: NON
Address: 210 WEST B STREET	Resident Capacity: 0
City, State: ONTARIO, CA 91762	Total Occupancy: 0
Phone #: (909)987-4036 Fax #: (909)481-5368	Target Population: 1.1
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: VALLEY IMPROVEMENT PROGRAMS, INC. Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC. Address: 8540 ARCHIBALD AVENUE, SUITE A, BUILDING 18 City, State: RANCHO CUCAMONGA, CA 91730 Phone #: (909)987-4036 Fax #: (909)481-5368	Record ID: 360049AP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009
Program Name: VALLEY IMPROVEMENT PROGRAMS, INC. Legal Name: VALLEY IMPROVEMENT PROGRAMS, INC. Address: 1589 WEST 9TH STREET, SUITE E City, State: UPLAND, CA 91786 Phone #: (909)987-4036 Fax #: (909)481-5368	Record ID: 360049BP Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 04/30/2009
Program Name: HARRIS HOUSE Legal Name: VARP, INC. Address: 907 WEST RIALTO AVENUE City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-4053	Record ID: 360004AN Service Type: RES Resident Capacity: 14 Total Occupancy: 15 Target Population: 1.2 Expiration Date 10/31/2009
Program Name: GIBSON HOUSE FOR MEN Legal Name: VARP, INC. Address: 1100 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004BN Service Type: RES Resident Capacity: 40 Total Occupancy: 40 Target Population: 1.2 Expiration Date 10/31/2009
Program Name: STODDARD HOUSE II Legal Name: VARP, INC. Address: 1087 NORTH STODDARD STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004GN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 10/31/2009
Program Name: GIBSON HOUSE RECOVERY CENTER FOR WOMEN Legal Name: VARP, INC. Address: 1135 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956	Record ID: 360004FN Service Type: RES Resident Capacity: 16 Total Occupancy: 18 Target Population: 1.3 Expiration Date 10/31/2009
Program Name: ELEVENTH STREET "B" HOUSE Legal Name: VARP, INC. Address: 349 11TH STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004EN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.1 Expiration Date 10/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Bernardino County

Program Name: RIALTO HOUSE Legal Name: VARP, INC. Address: 921 RIALTO AVENUE City, State: SAN BERNARDINO, CA 92410 Phone #: (909)381-3774	Record ID: 360004HN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.2 Expiration Date 10/31/2009
Program Name: GIBSON WOMEN'S PHASE II HOUSE Legal Name: VARP, INC. Address: 1139 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956	Record ID: 360004IN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 03/31/2009
Program Name: WOMEN'S R-4 PHASE II/B HOUSE Legal Name: VARP, INC. Address: 1149 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004JN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 01/31/2008
Program Name: REARICK II HOUSE Legal Name: VARP, INC. Address: 382 11TH STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004LN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 01/31/2008
Program Name: REARICK I HOUSE Legal Name: VARP, INC. Address: 384 11TH STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004KN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 01/31/2008
Program Name: READING HOUSE II Legal Name: VARP, INC. Address: 1107 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004NN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 08/31/2008
Program Name: READING HOUSE I Legal Name: VARP, INC. Address: 1103 NORTH D STREET City, State: SAN BERNARDINO, CA 92410 Phone #: (909)888-6956 Fax #: (909)381-6845	Record ID: 360004MN Service Type: RES Resident Capacity: 6 Total Occupancy: 7 Target Population: 1.3 Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Bernardino County

Program Name: BELLEVIEW HOUSE

Legal Name: VARP, INC.

Address: 916 BELLEVIEW AVENUE

City, State: SAN BERNARDINO, CA 92410

Phone #: (909)885-8804 Fax #: (909)381-6845

Record ID: 360004ON

Service Type: RES

Resident Capacity: 6

Total Occupancy: 7

Target Population: 1.2

Expiration Date 07/31/2009

Program Name: COLTON CLINICAL SERVICES

Legal Name: WCHS, INC.

Address: 2275 EAST COOLEY DRIVE

City, State: COLTON, CA 92324

Phone #: (909)370-1777 Fax #: (909)370-1776

Record ID: 360066AP

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: ABC SOBER LIVING, LLC	Record ID: 370116AP
Legal Name: ABC SOBER LIVING, LLC	Service Type: RES
Address: 5330 SOLEDAD MOUNTAIN ROAD	Resident Capacity: 6
City, State: SAN DIEGO, CA 92109	Total Occupancy: 7
Phone #: (619)925-1879 Fax #: (858)274-8700	Target Population: 1.3
	Expiration Date 05/31/2009
Program Name: ALPHA PROJECT COUNSELING CENTER	Record ID: 370073BN
Legal Name: ALPHA PROJECT FOR THE HOMELESS	Service Type: NON
Address: 1855 EAST VISTA WAY, SUITE 5	Resident Capacity: 0
City, State: VISTA, CA 92084	Total Occupancy: 0
Phone #: (760)639-0218 Fax #: (760)639-2883	Target Population: 1.1
	Expiration Date 09/30/2007
Program Name: CASA RAPHAEL	Record ID: 370073AN
Legal Name: ALPHA PROJECT FOR THE HOMELESS, INC.	Service Type: RES
Address: 975 AND 993 POSTAL WAY	Resident Capacity: 140
City, State: VISTA, CA 92083	Total Occupancy: 140
Phone #: (760)630-9922 Fax #: (760)630-9996	Target Population: 1.2
	Expiration Date 06/30/2009
Program Name: AA & E RETREAT	Record ID: 370092AP
Legal Name: AMERICAN STITCH, LLC (D.B.A., AA & E RETREAT)	Service Type: RES-DETOX
Address: 30651 CAMINO DE LAS LOMAS	Resident Capacity: 6
City, State: ESCONDIDO, CA 92026	Total Occupancy: 6
Phone #: (760)751-2889	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: A HELPING HAND COUNSELING	Record ID: 370114AP
Legal Name: BARBARA PIZZARELLO, LCSW, INC.	Service Type: NON
Address: 3914 MURPHY CANYON ROAD, SUITE A-114	Resident Capacity: 0
City, State: SAN DIEGO, CA 92123	Total Occupancy: 0
Phone #: (858)279-6721 Fax #: (858)279-5440	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: GALVESTON HOUSE	Record ID: 370096CP
Legal Name: BAY RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 2436 GALVESTON STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92110	Total Occupancy: 6
Phone #: (619)275-5309	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: OTTAWA HOUSE	Record ID: 370096EP
Legal Name: BAY RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 3552 OTTAWA WAY	Resident Capacity: 6
City, State: SAN DIEGO, CA 92117	Total Occupancy: 6
Phone #: (858)490-3460 Fax #: (858)490-3462	Target Population: 1.1
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: FALLBROOK HOUSE	Record ID: 370096DP
Legal Name: BAY RECOVERY CENTERS, INC.	Service Type: RES-DETOX
Address: 2805 FALLBROOK	Resident Capacity: 6
City, State: SAN DIEGO, CA 92117	Total Occupancy: 6
Phone #: (858)490-3460 Fax #: (858)490-3462	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: FAMILY FOUNDATIONS PROGRAM	Record ID: 370075AN
Legal Name: CENTER POINT, INC.	Service Type: RES
Address: 3050 ARMSTRONG AVENUE	Resident Capacity: 35
City, State: SAN DIEGO, CA 92111	Total Occupancy: 75
Phone #: (858)467-6701	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: GEMINI HOUSE	Record ID: 370036AN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4304 LOUISIANA STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)542-0452	Target Population: 1.3
	Expiration Date 11/30/2008
Program Name: SOLUTIONS	Record ID: 370036EN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: NON
Address: 4080 CENTRE STREET	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)294-3900 Fax #: (619)291-4704	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: CCRC RESIDENTIAL	Record ID: 370036HN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 3571 AND 3573 FAIRMONT AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92105	Total Occupancy: 6
Phone #: (619)542-0452 Fax #: (619)295-0567	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: CCRC RESIDENTIAL	Record ID: 370036JN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 3581 FAIRMONT AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92105	Total Occupancy: 6
Phone #: (619)542-0452 Fax #: (619)295-0561	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: CCRC - AFFIRMATION HOUSE	Record ID: 370036NN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4334 UTAH STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)543-8500 Fax #: (619)291-4704	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: CCRC RESIDENTIAL	Record ID: 370036KN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 3565 AND 3567 FAIRMONT AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92105	Total Occupancy: 6
Phone #: (619)542-0452 Fax #: (619)295-0567	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: CCRC RESIDENTIAL	Record ID: 370036IN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 3577 AND 3579 FAIRMONT AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92105	Total Occupancy: 6
Phone #: (619)542-0452 Fax #: (619)295-0567	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: FREEDOM HOUSE IMPERIAL	Record ID: 370036LN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4997 IMPERIAL AVENUE AND 4996 HOLLY DRIVE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92113	Total Occupancy: 0
Phone #: (619)263-2306 Fax #: (619)263-1107	Target Population: 1.3
	Expiration Date 12/31/2007
Program Name: CCRC - AFFIRMATION HOUSE	Record ID: 370036PN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4340 UTAH STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)543-8500 Fax #: (619)291-4704	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CCRC - AFFIRMATION HOUSE	Record ID: 370036MN
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4338 UTAH STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)543-8500 Fax #: (619)291-4704	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CCRC - AFFIRMATION HOUSE	Record ID: 370036ON
Legal Name: COMMUNITY CONNECTION RESOURCE CENTER	Service Type: RES
Address: 4336 UTAH STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 6
Phone #: (619)543-8500 Fax #: (619)543-8500	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: GOLDEN HILL HOUSE	Record ID: 370024LN
Legal Name: CRASH, INC.	Service Type: RES
Address: 2410 E STREET	Resident Capacity: 43
City, State: SAN DIEGO, CA 92102	Total Occupancy: 43
Phone #: (619)239-9691 Fax #: (619)239-0909	Target Population: 1.1
	Expiration Date 04/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: GOLDEN HILL HOUSE II	Record ID: 370024KN
Legal Name: CRASH, INC.	Service Type: RES
Address: 446 26TH STREET, FIFTH FLOOR	Resident Capacity: 63
City, State: SAN DIEGO, CA 92102	Total Occupancy: 63
Phone #: (619)239-9691 Fax #: (619)239-0909	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: TIM HUDDLESTON REGIONAL RECOVERY CENTER	Record ID: 370024NN
Legal Name: CRASH, INC.	Service Type: NON
Address: 220 NORTH EUCLID AVENUE, SUITE 120	Resident Capacity: 0
City, State: SAN DIEGO, CA 92114	Total Occupancy: 0
Phone #: (619)263-6663 Fax #: (619)263-0655	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: CRASH, INC., OPTIONS CENTRAL	Record ID: 370024MN
Legal Name: CRASH, INC.	Service Type: NON
Address: 5605 EL CAJON BOULEVARD	Resident Capacity: 0
City, State: SAN DIEGO, CA 92115	Total Occupancy: 0
Phone #: (619)229-8201 Fax #: (619)229-8293	Target Population: 1.4
	Expiration Date 05/31/2009
Program Name: SHORT TERM II	Record ID: 370024JN
Legal Name: CRASH, INC.	Service Type: RES
Address: 4890 67TH STREET	Resident Capacity: 50
City, State: SAN DIEGO, CA 92115	Total Occupancy: 65
Phone #: (619)464-6207	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: SHORT TERM I--MARLBOROUGH	Record ID: 370024IN
Legal Name: CRASH, INC.	Service Type: RES
Address: 4161 MARLBOROUGH AVENUE	Resident Capacity: 50
City, State: SAN DIEGO, CA 92105	Total Occupancy: 50
Phone #: (619)282-7274	Target Population: 1.2
	Expiration Date 03/31/2009
Program Name: AMITY FOUNDATION OF CALIFORNIA	Record ID: 370059AN
Legal Name: EPIDAURUS	Service Type: RES
Address: 2260 WATSON WAY	Resident Capacity: 50
City, State: VISTA, CA 92083	Total Occupancy: 50
Phone #: (760)599-1892	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: LASTING RECOVERY	Record ID: 370101AP
Legal Name: FARKAS AND SAALINGER, PSYCHOLOGY CORP.	Service Type: NON
Address: 6046 CORNERSTONE COURT, SUITES 112, 113, & 128	Resident Capacity: 0
City, State: SAN DIEGO, CA 92121	Total Occupancy: 0
Phone #: (858)453-4315 Fax #: (858)453-5690	Target Population: 1.8
	Expiration Date 01/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FAC	Record ID: 370098AN
Legal Name: GOD'S HOUSE MINISTRIES, INC.	Service Type: RES
Address: 13610 WILLOW ROAD	Resident Capacity: 20
City, State: LAKESIDE, CA 92040	Total Occupancy: 20
Phone #: (619)561-2599 Fax #: (619)561-4673	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: CALVARY RANCH CHRISTIAN DRUG AND ALCOHOL RECOVERY FAC	Record ID: 370098BN
Legal Name: GOD'S HOUSE MINISTRIES, INC.	Service Type: RES
Address: 11137 MORENO AVENUE	Resident Capacity: 8
City, State: LAKESIDE, CA 92040	Total Occupancy: 8
Phone #: (619)561-2599 Fax #: (619)561-4673	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: PEMARRO	Record ID: 370025AN
Legal Name: GROUP CONSCIENCE, INC.	Service Type: RES
Address: 1482 KINGS VILLA ROAD	Resident Capacity: 10
City, State: RAMONA, CA 92065	Total Occupancy: 10
Phone #: (760)789-8070 Fax #: (760)789-8078	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: THE LIGHTHOUSE III	Record ID: 370094BP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES-DETOX
Address: 2456 E STREET	Resident Capacity: 36
City, State: SAN DIEGO, CA 92102	Total Occupancy: 45
Phone #: (714)384-3870 Fax #: (714)384-3876	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: THE LIGHTHOUSE COMMUNITY	Record ID: 370094AP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES-DETOX
Address: 528, 542, 552, 554, AND 558 14TH STREET	Resident Capacity: 106
City, State: SAN DIEGO, CA 92101	Total Occupancy: 106
Phone #: (619)515-0243 Fax #: (619)235-0678	Target Population: 1.2
	Expiration Date 06/30/2009
Program Name: PASTORAL CARE AND COUNSELING CENTER OF NATIONAL CITY, C.	Record ID: 370112AN
Legal Name: HIGHLAND AVENUE BAPTIST CHURCH OF NATIONAL CITY, CALIFO	Service Type: NON
Address: 2605 HIGHLAND AVENUE-EXCLUDING CHILDREN'S MINISTRY &	Resident Capacity: 0
City, State: NATIONAL CITY, CA 91950	Total Occupancy: 0
Phone #: (619)477-9381 Fax #: (619)477-9382	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: HOME STRETCH RESIDENTIAL IN RECOVERY	Record ID: 370079AP
Legal Name: HOME STRETCH RESIDENTIAL IN RECOVERY PROGRAM	Service Type: RES
Address: 4989 EL CAJON BOULEVARD, UNITS 1, 9 AND 10	Resident Capacity: 6
City, State: SAN DIEGO, CA 92115	Total Occupancy: 6
Phone #: (619)287-2588 Fax #: (619)583-1712	Target Population: 1.1
	Expiration Date 09/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: HOUSE OF METAMORPHOSIS Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2970 MARKET STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9492	Record ID: 370021AN Service Type: RES Resident Capacity: 64 Total Occupancy: 64 Target Population: 1.1 Expiration Date 11/30/2009
Program Name: P-3 HOUSE II Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 412-30TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217	Record ID: 370021GN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 04/30/2009
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2867 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021KN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2009
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2865 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021JN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 410 30TH STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021IN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 02/28/2009
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2869 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021LN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2009
Program Name: HOUSE OF METAMORPHOSIS TRANSITIONAL LIVING FACILITY Legal Name: HOUSE OF METAMORPHOSIS, INC. Address: 2871 C STREET City, State: SAN DIEGO, CA 92102 Phone #: (619)236-9217 Fax #: (619)232-0855	Record ID: 370021MN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 02/28/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: MALE SOBER LIVING	Record ID: 370021HN
Legal Name: HOUSE OF METAMORPHOSIS, INC.	Service Type: RES
Address: 414 30TH STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92102	Total Occupancy: 6
Phone #: (619)236-9217	Target Population: 1.2
	Expiration Date 04/30/2009
Program Name: WOMEN'S RE-ENTRY HOUSE	Record ID: 370021FN
Legal Name: HOUSE OF METAMORPHOSIS, INC.	Service Type: RES
Address: 408 30TH STREET, UNIT A	Resident Capacity: 6
City, State: SAN DIEGO, CA 92102	Total Occupancy: 6
Phone #: (619)236-9217	Target Population: 1.3
	Expiration Date 09/30/2007
Program Name: MEN'S RE-ENTRY HOUSE	Record ID: 370021DN
Legal Name: HOUSE OF METAMORPHOSIS, INC.	Service Type: RES
Address: 3021 G STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92102	Total Occupancy: 6
Phone #: (619)236-9217	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: RAND RECOVERY CENTERS - UNITY HOUSE I	Record ID: 370055AP
Legal Name: JERRY NEIL RAND, M.D., A PROFESSIONAL MEDICAL CORPORATIO	Service Type: RES-DETOX
Address: 3598 TICONDEROGA STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92117	Total Occupancy: 6
Phone #: (858)272-2028	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: RANCHO L'ABRI	Record ID: 370060AP
Legal Name: LOS SAUZALES, INC.	Service Type: RES-DETOX
Address: 18091 BEE CANYON ROAD	Resident Capacity: 34
City, State: DULZURA, CA 91917	Total Occupancy: 34
Phone #: (619)468-9333	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: EAST COUNTY REGIONAL RECOVERY CENTER	Record ID: 370045TN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 1385 NORTH JOHNSON AVENUE, SUITES 102/103	Resident Capacity: 0
City, State: EL CAJON, CA 92020	Total Occupancy: 0
Phone #: (619)441-2493	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: MCALISTER INSTITUTE OPTIONS SOUTH BAY	Record ID: 370045BN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 251 PALOMAR, SUITES A, C, AND D	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)498-0908	Target Population: 1.3
	Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: MCALISTER INSTITUTE-NORTH COUNTY DETOXIFICATION CENTER	Record ID: 370045EN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: RES-DETOX
Address: 4010 VIA SERRA	Resident Capacity: 6
City, State: OCEANSIDE, CA 92056	Total Occupancy: 6
Phone #: (619)442-0277	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: MCALISTER INSTITUTE GROUP HOME-EAST	Record ID: 370045MN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: DSS
Address: 2219 ODESSA COURT	Resident Capacity: 0
City, State: LEMON GROVE, CA 91945	Total Occupancy: 0
Phone #: (619)498-0827	Target Population: 1.5
Program Name: MCALISTER INSTITUTE GROUP HOME NORTH	Record ID: 370045QN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: DSS
Address: 3744 SANTA YNEZ	Resident Capacity: 0
City, State: OCEANSIDE, CA 92056	Total Occupancy: 0
Phone #: (760)806-1495 Fax #: (619)442-1101	Target Population: 1.5
Program Name: MCALISTER INSTITUTE GROUP HOME - SOUTH	Record ID: 370045VN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: RES
Address: 7571 STURGESS STREET	Resident Capacity: 0
City, State: LA MESA, CA 91941	Total Occupancy: 0
Phone #: (619)337-3830 Fax #: (619)442-1101	Target Population: 1.3
Program Name: NORTH CITY TEEN RECOVERY CENTER	Record ID: 370045PN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 6904 MIRAMAR ROAD, SUITE 105	Resident Capacity: 0
City, State: SAN DIEGO, CA 92121	Total Occupancy: 0
Phone #: (858)578-5612	Target Population: 1.7
	Expiration Date 01/31/2009
Program Name: MCALISTER INSTITUTE - LEMON GROVE FACILITY	Record ID: 370045FN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: RES-DETOX
Address: 2049 SKYLINE DRIVE	Resident Capacity: 145
City, State: LEMON GROVE, CA 91945	Total Occupancy: 145
Phone #: (619)465-7303	Target Population: 1.4
	Expiration Date 04/30/2008
Program Name: EAST COUNTY REGIONAL RECOVERY CENTER	Record ID: 370045DN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 1365 NORTH JOHNSON AVENUE, SUITES 111 AND 113	Resident Capacity: 0
City, State: EL CAJON, CA 92020	Total Occupancy: 0
Phone #: (619)440-4801	Target Population: 1.1
	Expiration Date 04/30/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: NORTH COASTAL REGIONAL RECOVERY CENTER	Record ID: 370045AN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT & EDUCATION, INC.	Service Type: NON
Address: 2821 OCEANSIDE BOULEVARD	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (619)000-0000 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: MCALISTER INSTITUTE SIGNS OF LIFE	Record ID: 370045AGN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION	Service Type: NON
Address: 3969 4TH AVENUE, SUITE 203	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)692-0441	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTE	Record ID: 370045AFN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 1385 THIRD AVENUE	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)492-9300 Fax #: (619)482-9333	Target Population: 1.5
	Expiration Date 08/31/2008
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER	Record ID: 370045AHN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 1516 MAIN STREET, SUITE # 105	Resident Capacity: 0
City, State: RAMONA, CA 92065	Total Occupancy: 0
Phone #: (760)788-6520	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: MCALISTER INSTITUTE NORTH COASTAL NORTH TEEN RECOVERY C	Record ID: 370045ACN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 2964 #F/G OCEANSIDE BOULEVARD	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)754-1393 Fax #: (760)754-2536	Target Population: 1.5
	Expiration Date 08/31/2009
Program Name: MCALISTER INSTITUTE SOUTH BAY EAST TEEN RECOVERY CENTE	Record ID: 370045ADN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 2429 FENTON ROAD, BUILDING #5	Resident Capacity: 0
City, State: CHULA VISTA, CA 91914	Total Occupancy: 0
Phone #: (619)482-9300 Fax #: (619)482-9333	Target Population: 1.5
	Expiration Date 11/30/2007
Program Name: NORTH CENTRAL TEEN RECOVERY CENTER	Record ID: 370045AEN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 4690 GENESEE AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92117	Total Occupancy: 0
Phone #: (858)277-4633 Fax #: (858)277-4933	Target Population: 1.5
	Expiration Date 08/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: MCALISTER INSTITUTE SOUTH BAY REGIONAL RECOVERY CENTE	Record ID: 370045ABN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 1180 3RD AVENUE, SUITES C-3 AND C-4	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)691-8164	Target Population: 1.8
	Expiration Date 02/28/2009
Program Name: MCALISTER INSTITUTE NORTH RURAL TEEN RECOVERY CENTER - M	Record ID: 370045AIN
Legal Name: MCALISTER INSTITUTE FOR TREATMENT AND EDUCATION, INC.	Service Type: NON
Address: 720 NINTH STREET, MULTIPURPOSE ROOM AND ROOM 2	Resident Capacity: 0
City, State: RAMONA, CA 92065	Total Occupancy: 0
Phone #: (760)787-4300	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: SAN DIEGO CENTER FOR CHANGE	Record ID: 370069YN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 3340 KEMPER STREET, SUITE 101 & 209	Resident Capacity: 0
City, State: SAN DIEGO, CA 92110	Total Occupancy: 0
Phone #: (619)758-1433 Fax #: (619)758-9823	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: SOUTH COUNTY CENTER FOR CHANGE	Record ID: 370069QN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1515 PALM AVENUE, SUITE A	Resident Capacity: 0
City, State: SAN DIEGO, CA 92154	Total Occupancy: 0
Phone #: (619)429-4117 Fax #: (619)429-4166	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: PEGASUS WEST	Record ID: 370069PN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1701 MISSION AVENUE, SUITE A AND ANNEX BUILDING	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)967-4475 Fax #: (760)439-6902	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: FAMILY TREATMENT CENTER	Record ID: 370069NN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1010 EAST VISTA WAY, SUITE G, H & I	Resident Capacity: 0
City, State: VISTA, CA 92083	Total Occupancy: 0
Phone #: (760)630-4573 Fax #: (760)630-4973	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: HARMONY WEST WOMEN'S RECOVERY CENTER	Record ID: 370069MN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 6154 MISSION GORGE BOULEVARD, SUITE 120	Resident Capacity: 0
City, State: SAN DIEGO, CA 92120	Total Occupancy: 0
Phone #: (619)461-0015 Fax #: (619)461-3920	Target Population: 1.3
	Expiration Date 01/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: NORTH RURAL REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 323 HUNTER STREET
City, State: RAMONA, CA 92065
Phone #: (760)788-6246 Fax #: (760)788-1308

Record ID: 370069KN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: PEGASUS EAST
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 7841 EL CAJON BOULEVARD
City, State: LA MESA, CA 91941
Phone #: (619)697-2388 Fax #: (619)697-2038

Record ID: 370069JN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: MID-COAST REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 3340 KEMPER STREET, SUITES 105 AND 207
City, State: SAN DIEGO, CA 92110
Phone #: (619)276-1207 Fax #: (619)276-1207

Record ID: 370069IN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2009

Program Name: OPTIONS FOR RECOVERY - VISTA
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 1010 EAST VISTA WAY, SUITES D, E, F, AND J
City, State: VISTA, CA 92083
Phone #: (760)726-2656 Fax #: (760)726-0122

Record ID: 370069HN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: TEEN RECOVERY PROGRAM - NORTH INLAND
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 150 VALPREDA ROAD, SUITE 105
City, State: SAN MARCOS, CA 92069
Phone #: (760)744-3672 Fax #: (760)744-6182

Record ID: 370069FN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 02/28/2009

Program Name: NORTH INLAND REGIONAL RECOVERY CENTER
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 620 NORTH ASH
City, State: ESCONDIDO, CA 92027
Phone #: (760)741-7708 Fax #: (760)741-5421

Record ID: 370069DN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

Program Name: NORTH COUNTY CENTER FOR CHANGE
Legal Name: MENTAL HEALTH SYSTEMS, INC.
Address: 504 WEST VISTA WAY
City, State: VISTA, CA 92083
Phone #: (760)940-1836 Fax #: (760)940-1274

Record ID: 370069CN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: CENTRAL NORTH REGIONAL RECOVERY CENTER	Record ID: 370069WN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 6693 CONVOY COURT	Resident Capacity: 0
City, State: SAN DIEGO, CA 92111	Total Occupancy: 0
Phone #: (858)505-0228 Fax #: (858)505-9349	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: FAMILY RECOVERY CENTER	Record ID: 370069TN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: RES
Address: 1100 SPORTFISHER DRIVE	Resident Capacity: 55
City, State: OCEANSIDE, CA 92054	Total Occupancy: 90
Phone #: (858)573-2600 Fax #: (760)439-4779	Target Population: 1.4
	Expiration Date 05/31/2008
Program Name: CENTRAL EAST REGIONAL RECOVERY CENTER	Record ID: 370069XN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 6244 EL CAJON BOULEVARD, SUITES 15, 16, 17 & 18	Resident Capacity: 0
City, State: SAN DIEGO, CA 92115	Total Occupancy: 0
Phone #: (619)287-8225 Fax #: (619)287-4146	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: KINESIS NORTH	Record ID: 370069SN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 474 WEST VERMONT AVENUE, SUITE 102	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)480-2255 Fax #: (760)741-6645	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: EAST COUNTY CENTER FOR CHANGE	Record ID: 370069BN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1357 BROADWAY, SUITE 100	Resident Capacity: 0
City, State: EL CAJON, CA 92021	Total Occupancy: 0
Phone #: (619)588-1989 Fax #: (619)588-6282	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: PROVIDENCE PLACE	Record ID: 370069AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: RES
Address: 446 26TH STREET, 4TH FLR, 3RD FLR INFANT, TODDLER & OFFIC	Resident Capacity: 80
City, State: SAN DIEGO, CA 92101	Total Occupancy: 100
Phone #: (858)689-2633	Target Population: 1.4
	Expiration Date 04/30/2008
Program Name: SOUTH BAY DUAL RECOVERY SERVICES	Record ID: 370069VN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 1105 BROADWAY, SUITE 207, 208, AND 209	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)425-5609 Fax #: (619)425-8349	Target Population: 1.1
	Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: CASA DE MILAGROS	Record ID: 370014AN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY (Service Type: RES
Address: 1127 SOUTH 38TH STREET	Resident Capacity: 18
City, State: SAN DIEGO, CA 92113	Total Occupancy: 18
Phone #: (619)262-4002	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: NOSOTROS	Record ID: 370014BN
Legal Name: METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY (Service Type: RES
Address: 73 NORTH 2ND AVENUE	Resident Capacity: 15
City, State: CHULA VISTA, CA 91910	Total Occupancy: 15
Phone #: (619)426-4801 Fax #: (619)426-0034	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: OCCUPATIONAL HEALTH SERVICES, INC.	Record ID: 370099AP
Legal Name: MHN SERVICES	Service Type: NON
Address: 1637 CAPALINA ROAD	Resident Capacity: 0
City, State: SAN MARCOS, CA 92069	Total Occupancy: 0
Phone #: (760)891-1539 Fax #: (760)744-8946	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: NARCONON WARNER SPRINGS	Record ID: 370087AN
Legal Name: NARCONON SOUTHERN CALIFORNIA	Service Type: RES-DETOX
Address: 35025 HIGHWAY 79	Resident Capacity: 42
City, State: WARNER SPRINGS, CA 92086	Total Occupancy: 42
Phone #: (760)782-0471 Fax #: (760)782-0695	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: NATIONAL CROSSROADS/PROJECT S.T.A.R.	Record ID: 370061AP
Legal Name: NATIONAL CROSSROADS, INC.	Service Type: RES
Address: 4991 IMPERIAL AVENUE	Resident Capacity: 42
City, State: SAN DIEGO, CA 92113	Total Occupancy: 55
Phone #: (619)262-0868	Target Population: 1.4
	Expiration Date 01/31/2009
Program Name: NEW ENTRA CASA	Record ID: 370083AN
Legal Name: NEW ENTRA CASA CORPORATION	Service Type: RES
Address: 3575 PERSHING AVENUE	Resident Capacity: 6
City, State: SAN DIEGO, CA 92104	Total Occupancy: 10
Phone #: (619)294-4526 Fax #: (619)294-4526	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: ESCONDIDO COMMUNITY SOBERING SERVICES	Record ID: 370093BN
Legal Name: NORTH COUNTY INTERFAITH COUNCIL, INC.	Service Type: RES
Address: 401 NORTH SPRUCE STREET	Resident Capacity: 22
City, State: ESCONDIDO, CA 92025	Total Occupancy: 22
Phone #: (760)747-1553 Fax #: (760)747-0764	Target Population: 1.1
	Expiration Date 07/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: NORTH COUNTY SERENITY HOUSE Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 123 SOUTH ELM STREET City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587	Record ID: 370005AN Service Type: RES Resident Capacity: 27 Total Occupancy: 27 Target Population: 1.3 Expiration Date 07/31/2008
Program Name: BROOK'S HOUSE Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 842 EAST 2ND AVENUE City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587	Record ID: 370005CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 09/30/2008
Program Name: AUSTIN HOUSE Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 701 EAST 2ND AVENUE City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587 Fax #: (760)741-6299	Record ID: 370005DN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 08/31/2008
Program Name: EDNA'S HOUSE Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 812 EAST 2ND AVENUE City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587	Record ID: 370005BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.4 Expiration Date 09/30/2008
Program Name: SERENITY TOO Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 130 SOUTH FIG STREET City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587	Record ID: 370005EN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.3 Expiration Date 03/31/2009
Program Name: VISIONS 1ST PHASE TO RECOVERY PROGRAM (NATALIE'S HOUSE) Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 834 EAST SECOND AVENUE City, State: ESCONDIDO, CA 92025 Phone #: (760)432-4298	Record ID: 370005FN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 06/30/2009
Program Name: SERENITY CENTER Legal Name: NORTH COUNTY SERENITY HOUSE, INC. Address: 1341 NORTH ESCONDIDO BOULEVARD City, State: ESCONDIDO, CA 92025 Phone #: (760)233-4587	Record ID: 370005GN Service Type: RES Resident Capacity: 90 Total Occupancy: 140 Target Population: 1.4 Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 370100AP
Legal Name: PACIFIC HEALTH SYSTEMS, L.P.	Service Type: NON
Address: 710 EAST GRAND AVENUE, RM5 & GROUP RM1	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)781-3963 Fax #: (760)781-3973	Target Population: 1.4
	Expiration Date 02/28/2009
Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 370100CP
Legal Name: PACIFIC HEALTH SYSTEMS, L.P.	Service Type: NON
Address: 7200 PARKWAY DRIVE, # 113, ROOMS A, B & DIRECTOR'S OFFIC	Resident Capacity: 0
City, State: LA MESA, CA 91942	Total Occupancy: 0
Phone #: (619)589-0552 Fax #: (619)589-0205	Target Population: 1.5
	Expiration Date 04/30/2009
Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 370100BP
Legal Name: PACIFIC HEALTH SYSTEMS, L.P.	Service Type: NON
Address: 1908 SWEETWATER ROAD, ROOMS A & B	Resident Capacity: 0
City, State: NATIONAL CITY, CA 91950	Total Occupancy: 0
Phone #: (619)327-0155 Fax #: (619)327-0164	Target Population: 1.5
	Expiration Date 04/30/2009
Program Name: PALOMAR FAMILY COUNSELING SERVICE, INC. DRUG AND ALCOHO	Record ID: 370107AN
Legal Name: PALOMAR FAMILY COUNSELING SERVICE, INC.	Service Type: NON
Address: 1002 EAST GRAND AVENUE	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)741-2660 Fax #: (760)741-2647	Target Population: 1.5
	Expiration Date 09/30/2009
Program Name: HEALTHY BEGINNINGS/NUEVA ESPERANZA	Record ID: 370076AN
Legal Name: PARADISE VALLEY HOSPITAL	Service Type: NON
Address: 2345 EAST 8TH STREET, SUITES 107, 109 AND 110	Resident Capacity: 0
City, State: NATIONAL CITY, CA 91950	Total Occupancy: 0
Phone #: (619)470-4384 Fax #: (619)470-4304	Target Population: 1.4
	Expiration Date 07/31/2009
Program Name: PATHFINDERS	Record ID: 370006AN
Legal Name: PATHFINDERS OF SAN DIEGO	Service Type: RES
Address: 2952 AND 2980 CEDAR STREET, AND 1530 DALE STREET	Resident Capacity: 44
City, State: SAN DIEGO, CA 92102	Total Occupancy: 44
Phone #: (619)239-7370	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: PHOENIX HOUSE SAN DIEGO	Record ID: 370030BN
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.	Service Type: DSS
Address: 23981 SHERILTON VALLEY ROAD	Resident Capacity: 0
City, State: DESCANSO, CA 91916	Total Occupancy: 0
Phone #: (619)445-0405 Fax #: (619)445-9028	Target Population: 1.5

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: PHOENIX HOUSE SAN DIEGO BEACH AREA CENTER	Record ID: 370030DN
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.	Service Type: NON
Address: 3274 ROSECRANS STREET	Resident Capacity: 0
City, State: SAN DIEGO, CA 92110	Total Occupancy: 0
Phone #: (619)226-2663 Fax #: (619)226-2837	Target Population: 1.1
	Expiration Date 04/30/2009
 Program Name: PHOENIX HOUSE CARLSBAD TEEN RECOVERY CENTER	 Record ID: 370030CN
Legal Name: PHOENIX HOUSE SAN DIEGO, INC.	Service Type: NON
Address: 785 GRAND AVENUE, SUITES 212 AND 220	Resident Capacity: 0
City, State: CARLSBAD, CA 92008	Total Occupancy: 0
Phone #: (760)729-2830 Fax #: (760)634-5313	Target Population: 1.1
	Expiration Date 04/30/2009
 Program Name: POST ADOLESCENT RECOVERY CENTER	 Record ID: 370091AN
Legal Name: POST ADOLESCENT RECOVERY CENTER, INC.	Service Type: RES
Address: 2534-A EAST WASHINGTON STREET	Resident Capacity: 16
City, State: ESCONDIDO, CA 92027	Total Occupancy: 16
Phone #: (619)460-5924 Fax #: (760)741-6218	Target Population: 1.1
	Expiration Date 03/31/2009
 Program Name: PSYCARE INTENSIVE OUTPATIENT PROGRAM	 Record ID: 370074AP
Legal Name: PSYCARE ASSOCIATES, INC.	Service Type: NON
Address: 4540 KEARNY VILLA ROAD, SUITE 102	Resident Capacity: 0
City, State: SAN DIEGO, CA 92123	Total Occupancy: 0
Phone #: (858)279-1223 Fax #: (858)467-6933	Target Population: 1.1
	Expiration Date 06/30/2009
 Program Name: REBUILD	 Record ID: 370068AP
Legal Name: REBUILD	Service Type: NON
Address: 2103 EL CAMINO REAL, SUITE 205	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)721-6241	Target Population: 1.1
	Expiration Date 03/31/2008
 Program Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.	 Record ID: 370105AN
Legal Name: REJUVE-NATIONS OUTPATIENTS FACILITY, INC.	Service Type: NON
Address: 4101 UNIVERSITY AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92195	Total Occupancy: 0
Phone #: (619)602-9405 Fax #: (951)657-7180	Target Population: 1.1
	Expiration Date 12/31/2007
 Program Name: SAN DIEGO COMMUNITY TREATMENT CENTER	 Record ID: 370048AP
Legal Name: SAN DIEGO COMMUNITY TREATMENT CENTER	Service Type: RES-DETOX
Address: 502 TENTH AVENUE	Resident Capacity: 46
City, State: SAN DIEGO, CA 92101	Total Occupancy: 46
Phone #: (619)239-7181	Target Population: 1.2
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: SAN DIEGO FREEDOM RANCH	Record ID: 370004AN
Legal Name: SAN DIEGO FREEDOM RANCH, INC.	Service Type: RES
Address: 1777 BUCKMAN SPRINGS ROAD	Resident Capacity: 50
City, State: CAMPO, CA 91906	Total Occupancy: 50
Phone #: (619)478-5696	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: JR RANCH	Record ID: 370004BN
Legal Name: SAN DIEGO FREEDOM RANCH, INC.	Service Type: RES
Address: 1765 BUCKMAN SPRINGS ROAD	Resident Capacity: 6
City, State: CAMPO, CA 91906	Total Occupancy: 6
Phone #: (619)478-5696 Fax #: (619)479-2404	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: CAPALINA CLINIC	Record ID: 370108AP
Legal Name: SAN DIEGO HEALTH ALLIANCE, INC.	Service Type: NON
Address: 1560 CAPALINA STREET	Resident Capacity: 0
City, State: SAN MARCOS, CA 92069	Total Occupancy: 0
Phone #: (760)744-2104 Fax #: (760)744-1382	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: FASHION VALLEY CLINIC	Record ID: 370108CP
Legal Name: SAN DIEGO HEALTH ALLIANCE, INC.	Service Type: NON
Address: 7020 FRIARS ROAD	Resident Capacity: 0
City, State: SAN DIEGO, CA 92108	Total Occupancy: 0
Phone #: (619)718-9890 Fax #: (619)718-9897	Target Population: 1.1
	Expiration Date 09/22/2008
Program Name: EL CAJON TREATMENT CENTER	Record ID: 370108BP
Legal Name: SAN DIEGO HEALTH ALLIANCE, INC.	Service Type: NON
Address: 234 NORTH MAGNOLIA AVENUE	Resident Capacity: 0
City, State: EL CAJON, CA 92020	Total Occupancy: 0
Phone #: (619)579-8373 Fax #: (619)579-8155	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: SAN DIEGO RESCUE MISSION MEN'S CENTER RECOVERY PROGRAM	Record ID: 370080CN
Legal Name: SAN DIEGO RESCUE MISSION, INC.	Service Type: RES
Address: 120 ELM STREET, 3RD AND 4TH FLOORS	Resident Capacity: 206
City, State: SAN DIEGO, CA 92101	Total Occupancy: 206
Phone #: (619)819-1830 Fax #: (619)234-4101	Target Population: 1.2
	Expiration Date 01/31/2009
Program Name: LIFESPAN PROGRAM OF SAN DIEGO	Record ID: 370052BP
Legal Name: SAN DIEGO SPAN	Service Type: RES
Address: 4695 LISANN STREET	Resident Capacity: 6
City, State: SAN DIEGO, CA 92117	Total Occupancy: 6
Phone #: (858)581-1120 Fax #: (858)581-1300	Target Population: 1.1
	Expiration Date 04/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: HOME AVENUE CLINIC	Record ID: 370109BP
Legal Name: SAN DIEGO TREATMENT SERVICES	Service Type: NON
Address: 3940 HOME AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92105	Total Occupancy: 0
Phone #: (619)262-8000 Fax #: (619)266-7405	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: TEEN RECOVERY CENTER	Record ID: 370090DN
Legal Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES, INC.	Service Type: NON
Address: 4089 FAIRMOUNT AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92105	Total Occupancy: 0
Phone #: (619)325-4696 Fax #: (619)325-4807	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES TEEN OPTIONS	Record ID: 370090EN
Legal Name: SAN DIEGO YOUTH AND COMMUNITY SERVICES, INC.	Service Type: NON
Address: 3660 FAIRMOUNT AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92105	Total Occupancy: 0
Phone #: (619)521-2250 Fax #: (619)521-5944	Target Population: 1.5
	Expiration Date 02/29/2008
Program Name: SCRIPPS MCDONALD CENTER	Record ID: 370057AN
Legal Name: SCRIPPS HEALTH	Service Type: RES
Address: 9898 GENESEE AVENUE, 2ND AND 3RD FLOOR ONLY	Resident Capacity: 50
City, State: LA JOLLA, CA 92037	Total Occupancy: 50
Phone #: (858)626-7182	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: THE SOUTH BAY TEEN RECOVERY CENTER	Record ID: 370081AN
Legal Name: SOUTH BAY COMMUNITY SERVICES	Service Type: NON
Address: 1124 BAY BOULEVARD, SUITE D	Resident Capacity: 0
City, State: CHULA VISTA, CA 91911	Total Occupancy: 0
Phone #: (619)420-3620 Fax #: (619)420-8722	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: SAINT CLARE'S HOME	Record ID: 370067AN
Legal Name: ST. CLARE'S HOME, INC.	Service Type: NON
Address: 2091 EAST VALLEY PARKWAY	Resident Capacity: 0
City, State: ESCONDIDO, CA 92027	Total Occupancy: 0
Phone #: (760)741-0122	Target Population: 1.4
	Expiration Date 04/30/2008
Program Name: ST. VINCENT DE PAUL VILLAGE RECOVERY SERVICES	Record ID: 370110AN
Legal Name: ST. VINCENT DE PAUL VILLAGE, INC.	Service Type: NON
Address: 1501 IMPERIAL AVENUE (SEE COMMENTS BELOW)	Resident Capacity: 0
City, State: SAN DIEGO, CA 92101	Total Occupancy: 0
Phone #: (619)233-8500 Fax #: (619)231-9542	Target Population: 1.1
	Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: SUBSTANCE ABUSE EVALUATION RESOURCE CENTER	Record ID: 370085AP
Legal Name: SUBSTANCE ABUSE EVALUATION RESOURCE CENTER CORPORATIO	Service Type: NON
Address: 3505 CAMINO DEL RIO SOUTH, SUITE 208	Resident Capacity: 0
City, State: SAN DIEGO, CA 92108	Total Occupancy: 0
Phone #: (619)208-3059 Fax #: (619)280-3163	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: CHOICES IN RECOVERY/FOUNDATION HOUSE	Record ID: 370039IN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES-DETOX
Address: 619 ESCONDIDO AVENUE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: CHOICES IN RECOVERY/HUMBLE HOUSE	Record ID: 370039MN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 248 HILL DRIVE	Resident Capacity: 6
City, State: VISTA, CA 92083	Total Occupancy: 8
Phone #: (760)945-5290 Fax #: (760)945-7765	Target Population: 1.3
	Expiration Date 04/30/2009
Program Name: CHOICES IN RECOVERY/HILL HOUSE	Record ID: 370039LN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 653 PLUMOSA	Resident Capacity: 6
City, State: VISTA, CA 92084	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: CHOICES IN RECOVERY - ALCOHOL AND DRUG ABUSE OUTPATIENT	Record ID: 370039JN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: NON
Address: 733 SOUTH SANTA FE AVENUE	Resident Capacity: 0
City, State: VISTA, CA 92084	Total Occupancy: 0
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: CHOICES IN RECOVERY/NEW HOUSE	Record ID: 370039KN
Legal Name: THE BETHESDA RECOVERY CENTER	Service Type: RES
Address: 747 MELROSE PLACE	Resident Capacity: 6
City, State: VISTA, CA 92084	Total Occupancy: 8
Phone #: (760)945-5290	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: CROSSROADS FOUNDATION	Record ID: 370002AN
Legal Name: THE CROSSROADS FOUNDATION	Service Type: RES
Address: 3594 FOURTH AVENUE	Resident Capacity: 20
City, State: SAN DIEGO, CA 92103	Total Occupancy: 22
Phone #: (619)296-1151	Target Population: 1.3
	Expiration Date 06/30/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: THE FELLOWSHIP CENTER	Record ID: 370009AN
Legal Name: THE FELLOWSHIP CENTER, INC.	Service Type: RES-DETOX
Address: SEE COMMENT SECTION BELOW	Resident Capacity: 117
City, State: ESCONDIDO, CA 92025	Total Occupancy: 117
Phone #: (760)745-8478	Target Population: 1.2
	Expiration Date 07/31/2008
Program Name: THE PALAVRA TREE, INC. ALCOHOL AND OTHER DRUG TEEN CENTI	Record ID: 370102AN
Legal Name: THE PALAVRA TREE, INC.	Service Type: NON
Address: 1212 SOUTH 43RD STREET	Resident Capacity: 0
City, State: SAN DIEGO, CA 92113	Total Occupancy: 0
Phone #: (619)263-7768 Fax #: (619)262-5040	Target Population: 1.5
	Expiration Date 04/30/2009
Program Name: THE PALAVRA TREE, INC. TEEN RECOVERY CENTRAL SOUTHWEST	Record ID: 370102BN
Legal Name: THE PALAVRA TREE, INC.	Service Type: NON
Address: 2878 IMPERIAL AVENUE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92102	Total Occupancy: 0
Phone #: (619)238-7393 Fax #: (619)696-0492	Target Population: 1.5
	Expiration Date 12/31/2007
Program Name: STEPPING STONE OF SAN DIEGO, INC.--NONRESIDENTIAL	Record ID: 370008BN
Legal Name: THE STEPPING STONE OF SAN DIEGO	Service Type: NON
Address: 3969 4TH AVENUE, SUITE 208	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)295-3995	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: STEPPING STONE OF SAN DIEGO, INC.	Record ID: 370008DN
Legal Name: THE STEPPING STONE OF SAN DIEGO	Service Type: RES
Address: 3767 CENTRAL AVENUE	Resident Capacity: 31
City, State: SAN DIEGO, CA 92105	Total Occupancy: 31
Phone #: (619)584-4010 Fax #: (619)521-1701	Target Population: 1.8
	Expiration Date 05/31/2008
Program Name: THE TRAINING CENTER	Record ID: 370104AN
Legal Name: THE TRAINING CENTER	Service Type: RES
Address: 525 GRAND AVENUE	Resident Capacity: 43
City, State: SPRING VALLEY, CA 91977	Total Occupancy: 56
Phone #: (619)327-5400 Fax #: (619)327-5410	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: TURNING POINT	Record ID: 370013AN
Legal Name: THE TURNING POINT HOME OF SAN DIEGO	Service Type: RES
Address: 1315 25TH STREET	Resident Capacity: 20
City, State: SAN DIEGO, CA 92102	Total Occupancy: 21
Phone #: (619)233-0067	Target Population: 1.3
	Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Diego County

Program Name: HEARTLAND HOUSE	Record ID: 370003AN
Legal Name: THE TWELFTH STEP HOUSE OF SAN DIEGO	Service Type: RES
Address: 5855 AND 5860 STREAMVIEW DRIVE	Resident Capacity: 26
City, State: SAN DIEGO, CA 92105	Total Occupancy: 26
Phone #: (619)287-5460	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: THE WAY BACK	Record ID: 370011AN
Legal Name: THE WAY BACK	Service Type: RES
Address: 2516 A STREET	Resident Capacity: 29
City, State: SAN DIEGO, CA 92102	Total Occupancy: 29
Phone #: (619)235-0592 Fax #: (619)235-0593	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: TRADITION ONE MEN'S & WOMEN'S FACILITY	Record ID: 370012AN
Legal Name: TRADITION ONE	Service Type: RES
Address: 4104, 4114 AND 4124 DELTA STREET	Resident Capacity: 46
City, State: SAN DIEGO, CA 92113	Total Occupancy: 49
Phone #: (619)264-0141 Fax #: (619)264-7274	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: UPAC ASIAN/PACIFIC ISLANDER, ADULT ALCOHOL AND DRUG TRE/	Record ID: 370071AN
Legal Name: UNION OF PAN ASIAN COMMUNITIES	Service Type: NON
Address: 3288 EL CAJON BOULEVARD, SUITE 13	Resident Capacity: 0
City, State: SAN DIEGO, CA 92104	Total Occupancy: 0
Phone #: (619)521-5720 Fax #: (619)521-5728	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: UCSD CO-OCCURRING DISORDERS TREATMENT AND RECOVERY PRC	Record ID: 370077AN
Legal Name: UNIVERSITY OF CALIFORNIA, SAN DIEGO	Service Type: NON
Address: 140 ARBOR DRIVE	Resident Capacity: 0
City, State: SAN DIEGO, CA 92103	Total Occupancy: 0
Phone #: (619)497-6636 Fax #: (619)298-6723	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: VETERANS VILLAGE OF SAN DIEGO REHABILITATION CENTER	Record ID: 370010BN
Legal Name: VIETNAM VETERANS OF SAN DIEGO	Service Type: RES
Address: 4115, 4125, 4137, AND 4141 PACIFIC HIGHWAY	Resident Capacity: 151
City, State: SAN DIEGO, CA 92110	Total Occupancy: 151
Phone #: (619)497-0142	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: VETERANS VILLAGE OF SAN DIEGO NEW RESOLVE PROGRAM	Record ID: 370010CN
Legal Name: VIETNAM VETERANS OF SAN DIEGO	Service Type: NON
Address: 1207 SOUTH ESCONDIDO BOULEVARD	Resident Capacity: 0
City, State: ESCONDIDO, CA 92025	Total Occupancy: 0
Phone #: (760)745-7829 Fax #: (760)740-2090	Target Population: 1.1
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Diego County

Program Name: BRIDGES SERVICE CENTER OF VISTA HILL	Record ID: 370072BN
Legal Name: VISTA HILL FOUNDATION	Service Type: NON
Address: 740 LOMAS SANTA FE DRIVE, SUITE 200	Resident Capacity: 0
City, State: SOLANA BEACH, CA 92075	Total Occupancy: 0
Phone #: (858)794-9735 Fax #: (858)794-1635	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: DKA PARENTCARE FAMILY RECOVERY CENTER	Record ID: 370072AN
Legal Name: VISTA HILL FOUNDATION	Service Type: NON
Address: 4990 WILLIAMS AVENUE	Resident Capacity: 0
City, State: LA MESA, CA 91941	Total Occupancy: 0
Phone #: (619)698-1663 Fax #: (619)698-1665	Target Population: 1.10
	Expiration Date 03/31/2009
Program Name: SOBRIETY HOUSE	Record ID: 370007AN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES-DETOX
Address: 120 ELM STREET, SUITES 1450 & 1610 ON 1ST FLOOR AND 120 EL	Resident Capacity: 100
City, State: SAN DIEGO, CA 92101	Total Occupancy: 100
Phone #: (619)232-5171	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: VOLUNTEERS OF AMERICA ALCOHOL & DRUG TREATMENT CENTE	Record ID: 370007EN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES-DETOX
Address: 1111 ISLAND AVENUE	Resident Capacity: 26
City, State: SAN DIEGO, CA 92101	Total Occupancy: 26
Phone #: (619)232-5171 Fax #: (619)232-8913	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: AMIGOS SOBRIOS	Record ID: 370007BN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES
Address: 741 ELEVENTH AVENUE	Resident Capacity: 18
City, State: SAN DIEGO, CA 92101	Total Occupancy: 18
Phone #: (619)238-9580	Target Population: 1.2
	Expiration Date 10/31/2007
Program Name: HAWLEY CENTER FOR SUPPORTIVE LIVING	Record ID: 370007CN
Legal Name: VOLUNTEERS OF AMERICA, SOUTHWEST CALIFORNIA, INCORPORA	Service Type: RES
Address: 9980 AND 10002 HAWLEY ROAD	Resident Capacity: 29
City, State: EL CAJON, CA 92021	Total Occupancy: 29
Phone #: (619)561-9808	Target Population: 1.8
	Expiration Date 04/30/2008
Program Name: WOMEN'S RESOURCE CENTER	Record ID: 370113AN
Legal Name: WOMEN'S RESOURCE CENTER	Service Type: NON
Address: 1963 APPLE STREET, ROOMS 121, 122, 124, 131, 136 AND 155	Resident Capacity: 0
City, State: OCEANSIDE, CA 92054	Total Occupancy: 0
Phone #: (760)757-3500 Fax #: (760)757-0680	Target Population: 1.1
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: ARA FIRST STEP HOME	Record ID: 380003AN
Legal Name: ALCOHOLICS REHABILITATION ASSOCIATION OF SAN FRANCISCO,	Service Type: RES
Address: 1035 HAIGHT STREET	Resident Capacity: 46
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 46
Phone #: (415)863-3661	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: S.F. BAY COUNSELING AND EDUCATION	Record ID: 380066AP
Legal Name: ARA ART AZIZIAN AND PATRISIA BEDROUSSIAN	Service Type: NON
Address: 1700 IRVING STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 0
Phone #: (415)759-9600 Fax #: (415)759-9711	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: ASIAN AMERICAN RESIDENTIAL RECOVERY SERVICES	Record ID: 380020AN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: RES
Address: 2024 HAYES STREET	Resident Capacity: 26
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 26
Phone #: (415)750-5111	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: PROJECT ADAPT	Record ID: 380020BN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2020 HAYES STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)750-5125	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: LEE WOODWARD COUNSELING CENTER FOR WOMEN	Record ID: 380020CN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 2201 SUTTER STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 0
Phone #: (415)776-1001 Fax #: (415)776-1066	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Record ID: 380093AP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 1111 MARKET STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)552-7914 Fax #: (415)552-3455	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Record ID: 380093BP
Legal Name: BAART BEHAVIORAL HEALTH SERVICES, INC.	Service Type: NON
Address: 433 TURK STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)928-7800 Fax #: (415)928-3710	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: ACCEPTANCE PLACE	Record ID: 380001BN
Legal Name: BAKER PLACES, INC.	Service Type: RES-DETOX
Address: 1326 4TH AVENUE	Resident Capacity: 10
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 10
Phone #: (415)682-2080 Fax #: (415)626-2398	Target Population: 1.2
	Expiration Date 01/31/2008
Program Name: FERGUSON PLACE	Record ID: 380001CN
Legal Name: BAKER PLACES, INC.	Service Type: RES-DETOX
Address: 1249 SCOTT STREET	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 12
Phone #: (415)922-9104 Fax #: (415)922-1427	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: HEALY PLACE	Record ID: 380001IN
Legal Name: BAKER PLACES, INC.	Service Type: RES-DETOX
Address: 120 PAGE STREET, 3RD FLOOR	Resident Capacity: 35
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 35
Phone #: (415)553-4490 Fax #: () -	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: SUPPORTIVE LIVING PROGRAM	Record ID: 380035CN
Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE	Service Type: RES
Address: 1163 GOETTINGEN STREET	Resident Capacity: 10
City, State: SAN FRANCISCO, CA 94134	Total Occupancy: 10
Phone #: (415)508-1709 Fax #: (415)621-5466	Target Population: 1.2
	Expiration Date 10/31/2008
Program Name: SUPPORTIVE LIVING PROGRAM (SLP)	Record ID: 380035BN
Legal Name: CENTER ON JUVENILE AND CRIMINAL JUSTICE	Service Type: RES
Address: 1671 25TH AVENUE	Resident Capacity: 6
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 6
Phone #: (415)661-5777 Fax #: (415)621-5466	Target Population: 1.2
	Expiration Date 10/31/2008
Program Name: GOLDEN GATE FOR SENIORS	Record ID: 380005AN
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.	Service Type: RES
Address: 637 SOUTH VAN NESS AVENUE	Resident Capacity: 20
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 20
Phone #: (415)626-7553	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: SUBSTANCE ABUSE PROGRAM	Record ID: 380091AN
Legal Name: CURRY SENIOR CENTER	Service Type: NON
Address: 315 TURK STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)885-2274 Fax #: (415)885-2344	Target Population: 1.6
	Expiration Date 10/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: FREEDOM FROM ALCOHOL AND DRUGS	Record ID: 380034AN
Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC.	Service Type: RES
Address: 1351 AND 1353 48TH AVENUE	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 14
Phone #: (415)665-8077	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: FREEDOM FROM ALCOHOL AND DRUGS	Record ID: 380034CN
Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC.	Service Type: RES
Address: 1569, 1569-A, AND 1569-B 48TH AVENUE	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 17
Phone #: (415)665-8077	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: FREEDOM FROM ALCOHOL AND DRUGS	Record ID: 380034DN
Legal Name: FREEDOM FROM ALCOHOL AND DRUGS, INC.	Service Type: RES
Address: 1362 AND 1366 48TH AVENUE	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94122	Total Occupancy: 12
Phone #: (415)665-8077 Fax #: (415)731-9989	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: HAIGHT ASHBURY ALCOHOL TREATMENT SERVICES	Record ID: 380016AN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: NON
Address: 425 DIVISADERO STREET, SUITE 201	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 0
Phone #: (415)487-5634	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: WESTERN ADDITION RECOVERY HOUSE	Record ID: 380016BN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: RES
Address: 1440-A THROUGH 1440-F CHINOOK COURT	Resident Capacity: 36
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 36
Phone #: (415)394-5869	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: HAIGHT ASHBURY BASN PROGRAM	Record ID: 380016DN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: RES
Address: 940 HAIGHT STREET	Resident Capacity: 24
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 24
Phone #: (415)487-5626 Fax #: (415)487-3675	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: SMITH HOUSE	Record ID: 380016KN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: RES-DETOX
Address: 1441 CHINOOK COURT, UNITS B AND C, TREASURE ISLAND	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 12
Phone #: (415)394-9079 Fax #: (415)394-9078	Target Population: 1.3
	Expiration Date 09/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: CENTER FOR RECOVERY	Record ID: 380016JN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: RES
Address: 1443-A THROUGH 1443-F CHINOOK COURT TREASURE ISLAND	Resident Capacity: 36
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 36
Phone #: (415)394-5247	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: LODESTAR	Record ID: 380016IN
Legal Name: HAIGHT ASHBURY FREE CLINICS, INC.	Service Type: RES
Address: 1441 CHINOOK COURT, UNITS A, D, E AND F, TREASURE ISLAND	Resident Capacity: 18
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 18
Phone #: (415)394-9079	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: HARM REDUCTION THERAPY CENTER	Record ID: 380082AN
Legal Name: HARM REDUCTION THERAPY CENTER	Service Type: NON
Address: 423 GOUGH STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)863-4282 Fax #: (415)252-0669	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: HENRY OHLHOFF HOUSE	Record ID: 380013AN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: RES
Address: 601 STEINER STREET AND 625 STEINER STREET	Resident Capacity: 52
City, State: SAN FRANCISCO, CA 94117	Total Occupancy: 52
Phone #: (415)621-4388 Fax #: (415)626-0170	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: HENRY OHLHOFF OUTPATIENT PROGRAMS	Record ID: 380013BN
Legal Name: HENRY OHLHOFF HOUSE	Service Type: NON
Address: 2418 CLEMENT STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94121	Total Occupancy: 0
Phone #: (415)221-3354	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: TREATMENT PROGRAMS	Record ID: 380059AN
Legal Name: HORIZONS UNLIMITED OF SAN FRANCISCO, INC.	Service Type: NON
Address: 440 POTRERO AVENUE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)487-6700	Target Population: 1.5
	Expiration Date 02/28/2009
Program Name: THE IRIS PROJECT	Record ID: 380021AN
Legal Name: IRIS CENTER: WOMEN'S COUNSELING AND RECOVERY SERVICES	Service Type: NON
Address: 333 VALENCIA STREET, SUITE 222	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-2364	Target Population: 1.14
	Expiration Date 07/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: JELANI, INC.'S FAMILY PROGRAM	Record ID: 380045DN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1638 AND 1640 KIRKWOOD STREET	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 24
Phone #: (415)671-1165 Fax #: (415)822-5943	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: JELANI HOUSE	Record ID: 380045AN
Legal Name: JELANI, INC.	Service Type: RES
Address: 1601 QUESADA AVENUE	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 42
Phone #: (415)822-5977 Fax #: (415)822-5943	Target Population: 1.4
	Expiration Date 06/30/2008
Program Name: JELANI, INC. MISSION RECOVERY HOUSE	Record ID: 380045EN
Legal Name: JELANI, INC.	Service Type: RES
Address: 2261 AND 2263 BRYANT STREET	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 35
Phone #: (415)206-1560	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: CASA QUETZAL	Record ID: 380055AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 635 BRUNSWICK STREET	Resident Capacity: 6
City, State: SAN FRANCISCO, CA 94112	Total Occupancy: 6
Phone #: (415)337-4065	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: AVIVA HOUSE	Record ID: 380055BN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 1724-1726 BRYANT STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94100	Total Occupancy: 0
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: YOUTH OUTREACH RECOVERY AND EDUCATION SERVICES (Y.O.R.I	Record ID: 380053BN
Legal Name: MORRISANIA WEST, INC.	Service Type: NON
Address: 205 13TH STREET, SUITE 3300	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)552-4660	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: EPIPHANY HOUSE	Record ID: 380081BN
Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH	Service Type: RES
Address: 1615 BRODERICK STREET	Resident Capacity: 14
City, State: SAN FRANCISCO, CA 94115	Total Occupancy: 22
Phone #: (415)409-6003 Fax #: (415)351-4051	Target Population: 1.4
	Expiration Date 11/30/2007

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Francisco County

Program Name: EPIPHANY RESIDENTIAL PROGRAM	Record ID: 380081CN
Legal Name: MOUNT SAINT JOSEPH - SAINT ELIZABETH	Service Type: RES
Address: 100 MASONIC AVENUE, 2ND FLOOR	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 22
Phone #: (415)750-1033 Fax #: (415)750-1032	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: EPIPHANY CENTER FOR FAMILIES IN RECOVERY INTENSIVE OUTPA	Record ID: 380081AN
Legal Name: MOUNT ST. JOSEPH - ST. ELIZABETH	Service Type: NON
Address: 100 MASONIC AVENUE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 0
Phone #: (415)351-4052 Fax #: (415)346-2356	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: NATIVE AMERICAN HEALTH CENTER	Record ID: 380094AN
Legal Name: NATIVE AMERICAN HEALTH CENTER, INC.	Service Type: NON
Address: 160 CAPP STREET, 2ND FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)621-4371 Fax #: (415)621-3985	Target Population: 1.5
	Expiration Date 05/31/2008
Program Name: NEW LEAF: SERVICES FOR OUR COMMUNITY	Record ID: 380054AN
Legal Name: NEW LEAF: SERVICES FOR OUR COMMUNITY	Service Type: NON
Address: 103 HAYES STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)626-7000 Fax #: (415)626-5916	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: NORTHERN CALIFORNIA SERVICE LEAGUE	Record ID: 380049AN
Legal Name: NORTHERN CALIFORNIA SERVICE LEAGUE	Service Type: NON
Address: 28 BOARDMAN PLACE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)863-2323 Fax #: (415)863-1882	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: POSITIVE DIRECTIONS EQUALS CHANGE OUTPATIENT PROGRAM	Record ID: 380051AN
Legal Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC.	Service Type: NON
Address: 2111 JENNINGS STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 0
Phone #: (415)822-7144 Fax #: (415)440-3959	Target Population: 1.7
	Expiration Date 07/31/2009
Program Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC. OUTPATIENT TREATM	Record ID: 380051BN
Legal Name: POSITIVE DIRECTIONS EQUALS CHANGE, INC.	Service Type: NON
Address: 4720 3RD STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94124	Total Occupancy: 0
Phone #: (415)401-0199 Fax #: (415)401-0175	Target Population: 1.1
	Expiration Date 07/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: ZAP PROGRAM	Record ID: 380057AN
Legal Name: POTRERO HILL NEIGHBORHOOD HOUSE	Service Type: NON
Address: 953 DE HARO STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)826-8080 Fax #: (415)826-8025	Target Population: 1.5
	Expiration Date 11/30/2008
 Program Name: SAGE'S TRAUMA AND RECOVERY CENTER	 Record ID: 380063AN
Legal Name: SAGE PROJECT, INC.	Service Type: NON
Address: 1277 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)905-5050 Fax #: (415)905-5054	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: THE STONEWALL PROJECT	 Record ID: 380061BN
Legal Name: SAN FRANCISCO GENERAL HOSPITAL	Service Type: NON
Address: 3180 18TH STREET, SUITE 202	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)487-3000 Fax #: (415)487-3009	Target Population: 1.2
	Expiration Date 10/31/2007
 Program Name: STIMULANT TREATMENT OUTPATIENT PROGRAM	 Record ID: 380061AN
Legal Name: SAN FRANCISCO GENERAL HOSPITAL	Service Type: NON
Address: 3180 18TH STREET, SUITES 202 AND 205	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)502-5777 Fax #: (415)502-5764	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: POST RELEASE EDUCATION PROGRAM (P.R.E.P.)	 Record ID: 380083BN
Legal Name: SAN FRANCISCO SHERIFF'S DEPARTMENT	Service Type: NON
Address: 70 OAK GROVE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94107	Total Occupancy: 0
Phone #: (415)575-6450 Fax #: (415)575-6452	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: STEPPING STONE	 Record ID: 380032AN
Legal Name: SAN FRANCISCO WOMEN'S REHABILITATION FOUNDATION, INCORP	Service Type: RES
Address: 255 TENTH AVENUE	Resident Capacity: 12
City, State: SAN FRANCISCO, CA 94118	Total Occupancy: 12
Phone #: (415)751-5921 Fax #: (415)751-5130	Target Population: 1.3
	Expiration Date 08/31/2008
 Program Name: FR. ALFRED CENTER	 Record ID: 380017CN
Legal Name: ST. ANTHONY FOUNDATION	Service Type: RES
Address: 291 10TH STREET	Resident Capacity: 100
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 100
Phone #: (415)592-2880 Fax #: (415)252-0537	Target Population: 1.2
	Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: FRIENDSHIP HOUSE	Record ID: 380004AN
Legal Name: THE FRIENDSHIP HOUSE ASSOCIATION OF AMERICAN INDIANS	Service Type: RES
Address: 56 JULIAN AVENUE, 1ST, 2ND AND 3RD FLOORS	Resident Capacity: 80
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 80
Phone #: (415)865-0964 Fax #: (415)865-5428	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: THE METROPOLITAN FRESH START HOUSE	Record ID: 380084AN
Legal Name: THE METROPOLITAN FRESH START HOUSE	Service Type: RES
Address: 316 LELAND AVENUE	Resident Capacity: 15
City, State: SAN FRANCISCO, CA 94134	Total Occupancy: 15
Phone #: (415)585-8808 Fax #: (415)585-1837	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: THE METROPOLITAN FRESH START HOUSE	Record ID: 380084BN
Legal Name: THE METROPOLITAN FRESH START HOUSE	Service Type: NON
Address: 316 LELAND AVENUE	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94134	Total Occupancy: 0
Phone #: (415)585-8808 Fax #: (415)585-1837	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: LATINO FAMILY ALCOHOLISM COUNSELING CENTER	Record ID: 380008AN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 820 VALENCIA STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94110	Total Occupancy: 0
Phone #: (415)826-6767 Fax #: (415)826-6774	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: FAMILY DAY TREATMENT PROGRAM AND AFTERCARE PROGRAM	Record ID: 380008BN
Legal Name: THE MISSION COUNCIL ON ALCOHOL ABUSE FOR THE SPANISH SPE	Service Type: NON
Address: 474 VALENCIA STREET, SUITES 115, 135, AND 235	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)864-0554 Fax #: (415)701-1868	Target Population: 1.7
	Expiration Date 01/31/2009
Program Name: HARBOR LIGHT ALCOHOL SERVICES CENTER	Record ID: 380006AN
Legal Name: THE SALVATION ARMY	Service Type: RES-DETOX
Address: 1275 HARRISON STREET	Resident Capacity: 106
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 106
Phone #: (415)503-3000	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: THE SALVATION ARMY - HARBOR HOUSE	Record ID: 380006EN
Legal Name: THE SALVATION ARMY	Service Type: RES
Address: 407 NINTH STREET	Resident Capacity: 30
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 82
Phone #: (415)503-3029 Fax #: (415)252-6159	Target Population: 1.9
	Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name:	HOWARD STREET DETOX	Record ID:	380010BN
Legal Name:	THE SAN FRANCISCO PARTICULAR COUNCIL OF THE SOCIETY OF S	Service Type:	RES-DETOX
Address:	1175 HOWARD STREET, SECOND FLOOR	Resident Capacity:	38
City, State:	SAN FRANCISCO, CA 94103	Total Occupancy:	38
Phone #:	(415)864-3057	Target Population:	1.1
Fax #:	(415)864-3163	Expiration Date	02/29/2008
Program Name:	UP FROM DARKNESS	Record ID:	380085AN
Legal Name:	UP FROM DARKNESS TRANSITIONAL HOUSING AND EDUCATIONAL	Service Type:	NON
Address:	1075 FILLMORE STREET	Resident Capacity:	0
City, State:	SAN FRANCISCO, CA 94115	Total Occupancy:	0
Phone #:	(415)447-4234	Target Population:	1.1
Fax #:	(415)447-4015	Expiration Date	09/30/2007
Program Name:	WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME	Record ID:	380019IN
Legal Name:	WALDEN HOUSE, INC.	Service Type:	RES
Address:	1254 13TH STREET, UNITS A-F	Resident Capacity:	36
City, State:	SAN FRANCISCO, CA 94130	Total Occupancy:	36
Phone #:	(415)355-2508	Target Population:	1.3
Fax #:	(415)437-6823	Expiration Date	05/31/2008
Program Name:	WALDEN HOUSE ADULT RESIDENTIAL PROGRAM	Record ID:	380019BN
Legal Name:	WALDEN HOUSE, INC.	Service Type:	RES
Address:	815 BUENA VISTA WEST	Resident Capacity:	108
City, State:	SAN FRANCISCO, CA 94117	Total Occupancy:	108
Phone #:	(415)554-1450	Target Population:	1.1
Fax #:	(415)437-6823	Expiration Date	07/31/2008
Program Name:	WALDEN HOUSE	Record ID:	380019AN
Legal Name:	WALDEN HOUSE, INC.	Service Type:	RES
Address:	890 HAYES STREET	Resident Capacity:	115
City, State:	SAN FRANCISCO, CA 94117	Total Occupancy:	115
Phone #:	(415)554-1100	Target Population:	1.1
		Expiration Date	04/30/2008
Program Name:	WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME	Record ID:	380019FN
Legal Name:	WALDEN HOUSE, INC.	Service Type:	RES
Address:	1442 CHINOOK COURT, UNITS A, B, C, AND D	Resident Capacity:	15
City, State:	SAN FRANCISCO, CA 94130	Total Occupancy:	15
Phone #:	(415)989-4902	Target Population:	1.3
		Expiration Date	03/31/2008
Program Name:	WALDEN HOUSE PROJECT SISTERKIN	Record ID:	380019JN
Legal Name:	WALDEN HOUSE, INC.	Service Type:	NON
Address:	45 FARALLONES STREET	Resident Capacity:	0
City, State:	SAN FRANCISCO, CA 94122	Total Occupancy:	0
Phone #:	(415)406-1232	Target Population:	1.3
Fax #:	(415)406-1234	Expiration Date	09/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Francisco County

Program Name: WALDEN HOUSE ADULT RESIDENTIAL PROGRAM	Record ID: 380019GN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 1445 CHINOOK COURT, UNITS A, B, C, D, E, AND F	Resident Capacity: 26
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 26
Phone #: (415)989-4902 Fax #: (415)989-4910	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: WALDEN HOUSE FEMALE OFFENDER TREATMENT AND EMPLOYME	Record ID: 380019HN
Legal Name: WALDEN HOUSE, INC.	Service Type: RES
Address: 1447 CHINOOK COURT, UNITS A, B, C, AND D	Resident Capacity: 16
City, State: SAN FRANCISCO, CA 94130	Total Occupancy: 16
Phone #: (415)989-4902 Fax #: (415)989-4910	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: WALDEN HOUSE - OUTPATIENT SERVICES	Record ID: 380019CN
Legal Name: WALDEN HOUSE, INC.	Service Type: NON
Address: 1885 MISSION STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)554-1130 Fax #: (415)861-5886	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: WALDEN HOUSE ADOLESCENT FACILITY	Record ID: 380019DN
Legal Name: WALDEN HOUSE, INC.	Service Type: DSS
Address: 214 HAIGHT STREET	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94102	Total Occupancy: 0
Phone #: (415)554-1480 Fax #: (415)241-5599	Target Population: 1.5
Program Name: WESTSIDE ALLIANCE PROGRAM	Record ID: 380058AN
Legal Name: WESTSIDE COMMUNITY SERVICES	Service Type: NON
Address: 489 CLEMENTINA STREET, 3RD FLOOR	Resident Capacity: 0
City, State: SAN FRANCISCO, CA 94103	Total Occupancy: 0
Phone #: (415)495-6071	Target Population: 1.1
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Joaquin County

Program Name: ACCLIMATION INCORPORATED	Record ID: 390013AN
Legal Name: ACCLIMATION INCORPORATED	Service Type: NON
Address: 1135 NORTH HUNTER STREET	Resident Capacity: 0
City, State: STOCKTON, CA 95202	Total Occupancy: 0
Phone #: (209)942-3682 Fax #: (209)942-3684	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: NEW DIRECTIONS	Record ID: 390007BN
Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM	Service Type: RES-DETOX
Address: 1981 CHEROKEE ROAD	Resident Capacity: 72
City, State: STOCKTON, CA 95205	Total Occupancy: 84
Phone #: (209)870-6500 Fax #: (209)982-1216	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: NEW DIRECTIONS	Record ID: 390007CN
Legal Name: ALCOHOL AND DRUG AWARENESS PROGRAM	Service Type: NON
Address: 1981 CHEROKEE ROAD	Resident Capacity: 0
City, State: STOCKTON, CA 95205	Total Occupancy: 0
Phone #: (209)870-6500	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: THE LIVING CENTER	Record ID: 390025AP
Legal Name: ELAN SENIOR LIVING, INC.	Service Type: NON
Address: 4410 PERSHING AVENUE, SUITE C1	Resident Capacity: 0
City, State: STOCKTON, CA 95207	Total Occupancy: 0
Phone #: (209)477-0265 Fax #: (209)477-0292	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: NEW LIFE PROGRAM	Record ID: 390028AN
Legal Name: GOSPEL CENTER RESCUE MISSION, INC.	Service Type: RES
Address: 224 EAST SONORA STREET	Resident Capacity: 24
City, State: STOCKTON, CA 95203	Total Occupancy: 24
Phone #: (209)466-2138 Fax #: (209)320-2322	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: NEW LIFE PROGRAM	Record ID: 390028BN
Legal Name: GOSPEL CENTER RESCUE MISSION, INC.	Service Type: RES
Address: 229 EAST CHURCH STREET	Resident Capacity: 24
City, State: STOCKTON, CA 95203	Total Occupancy: 24
Phone #: (209)466-2138 Fax #: (209)320-2322	Target Population: 1.2
	Expiration Date 01/31/2009
Program Name: HEALTHCARE SERVICES, INC.	Record ID: 390018DP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES
Address: 1609 NORTH WILSON WAY	Resident Capacity: 120
City, State: STOCKTON, CA 95202	Total Occupancy: 120
Phone #: (209)948-0570 Fax #: (209)460-0428	Target Population: 1.3
	Expiration Date 05/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Joaquin County

Program Name: HEALTHCARE SERVICES, INC.	Record ID: 390018EP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES
Address: 1738 SOUTH EL DORADO STREET	Resident Capacity: 6
City, State: STOCKTON, CA 95206	Total Occupancy: 6
Phone #: (209)948-0570 Fax #: (209)460-0428	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: EL DORADO HOUSE - 322	Record ID: 390018BP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES
Address: 322 NORTH CALIFORNIA STREET	Resident Capacity: 70
City, State: STOCKTON, CA 95202	Total Occupancy: 95
Phone #: (209)948-0570 Fax #: (209)460-0428	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: HEALTHCARE SERVICES EL DORADO HOUSE - 1719	Record ID: 390018CP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES
Address: 1719 HUNTER STREET	Resident Capacity: 10
City, State: STOCKTON, CA 95206	Total Occupancy: 10
Phone #: (209)948-0570 Fax #: (209)460-0428	Target Population: 1.4
	Expiration Date 12/31/2008
Program Name: HEALTHCARE SERVICES-EL DORADO HOUSE	Record ID: 390018AP
Legal Name: HEALTHCARE SERVICES, INC.	Service Type: RES
Address: 1700 SOUTH EL DORADO STREET	Resident Capacity: 77
City, State: STOCKTON, CA 95202	Total Occupancy: 97
Phone #: (209)948-0570 Fax #: (209)948-0569	Target Population: 1.4
	Expiration Date 12/31/2007
Program Name: DELTA COUNSELING CENTER	Record ID: 390026AN
Legal Name: KIM SPALDING	Service Type: NON
Address: 1313 NORTH CENTER STREET	Resident Capacity: 0
City, State: STOCKTON, CA 95202	Total Occupancy: 0
Phone #: (209)271-9417 Fax #: (209)466-3704	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: THREE RIVERS INDIAN LODGE	Record ID: 390003AN
Legal Name: NATIVE DIRECTIONS, INC.	Service Type: RES
Address: 13505 SOUTH UNION ROAD	Resident Capacity: 20
City, State: MANTECA, CA 95336	Total Occupancy: 20
Phone #: (209)858-2421	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: NEW BEGINNINGS RECOVERY MINISTRIES INTL	Record ID: 390019BN
Legal Name: NEW BEGINNINGS RECOVERY MINISTRIES INTL	Service Type: RES
Address: 1822 HOLLY DRIVE	Resident Capacity: 8
City, State: TRACY, CA 95376	Total Occupancy: 10
Phone #: (209)834-8964 Fax #: (209)834-8965	Target Population: 1.2
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Joaquin County

Program Name: NEW BEGINNINGS RECOVERY MINISTRIES INT'L	Record ID: 390019AN
Legal Name: NEW BEGINNINGS RECOVERY MINISTRIES INT'L	Service Type: RES
Address: 1490 HOLLY DRIVE	Resident Capacity: 9
City, State: STOCKTON, CA 95376	Total Occupancy: 10
Phone #: (209)834-8965 Fax #: (209)834-1011	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: NARROW GATE COUNSELING CENTER	Record ID: 390027AN
Legal Name: NEW LIFE PROJECT, INC.	Service Type: NON
Address: 33 EAST MAGNOLIA #16	Resident Capacity: 0
City, State: STOCKTON, CA 95202	Total Occupancy: 0
Phone #: (209)465-3171 Fax #: (209)465-3183	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: ALPHA HOUSE	Record ID: 390027BN
Legal Name: NEW LIFE PROJECT, INC.	Service Type: RES
Address: 3029 NORTH FRANKLIN ROAD	Resident Capacity: 18
City, State: STOCKTON, CA 95204	Total Occupancy: 18
Phone #: (209)465-3171 Fax #: (209)465-3183	Target Population: 1.2
	Expiration Date 04/30/2009
Program Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED	Record ID: 390030AN
Legal Name: PACIFIC VALLEY RECOVERY CENTER, INCORPORATED	Service Type: NON
Address: 820 EAST MAIN STREET	Resident Capacity: 0
City, State: STOCKTON, CA 95202	Total Occupancy: 0
Phone #: (209)817-5720 Fax #: (209)468-8342	Target Population: 1.3
	Expiration Date 04/30/2009
Program Name: SAN JOAQUIN COUNTY RECOVERY HOUSE	Record ID: 390002AN
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE	Service Type: RES-DETOX
Address: 500 WEST HOSPITAL ROAD--RECOVERY HOUSE	Resident Capacity: 91
City, State: FRENCH CAMP, CA 95231	Total Occupancy: 91
Phone #: (209)468-6857	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: FAMILY TIES	Record ID: 390002EN
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE	Service Type: RES
Address: 500 WEST HOSPITAL ROAD	Resident Capacity: 28
City, State: FRENCH CAMP, CA 95231	Total Occupancy: 53
Phone #: (209)468-6213	Target Population: 1.4
	Expiration Date 01/31/2008
Program Name: CHEMICAL DEPENDENCY COUNSELING CENTER	Record ID: 390002DN
Legal Name: SAN JOAQUIN COUNTY OFFICE OF SUBSTANCE ABUSE	Service Type: NON
Address: 620 NORTH AURORA STREET, SUITES 1, 3, 3A, AND S2-9	Resident Capacity: 0
City, State: STOCKTON, CA 95202	Total Occupancy: 0
Phone #: (209)468-3720 Fax #: (209)468-8640	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Joaquin County

Program Name: SERVICE FIRST OUTPATIENT PROGRAM Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA Address: 8026 LORRAINE AVENUE, SUITE 201 City, State: STOCKTON, CA 95210 Phone #: (209)644-6300 Fax #: (209)475-0597	Record ID: 390017AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 11/30/2007
Program Name: SERVICE FIRST OUTPATIENT PROGRAM Legal Name: SERVICE FIRST OF NORTHERN CALIFORNIA Address: 1112 NORTH EL DORADO STREET, SUITE D City, State: STOCKTON, CA 95202 Phone #: (209)644-4800	Record ID: 390017BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2008
Program Name: SUNHOUSE Legal Name: SUNHOUSE Address: 200 WEST OAK STREET City, State: LODI, CA 95240 Phone #: (209)365-0152	Record ID: 390021AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009
Program Name: THE GOOD SHEPHERD WOMEN'S RECOVERY HOME Legal Name: THE GOOD SHEPHERD PREGNANT TEEN CENTER Address: 496 KAVANAUGH STREET City, State: TRACY, CA 95376 Phone #: (209)834-0727 Fax #: (209)834-0974	Record ID: 390023AN Service Type: RES Resident Capacity: 6 Total Occupancy: 12 Target Population: 1.3 Expiration Date 11/30/2007
Program Name: VALLEY COMMUNITY COUNSELING SERVICES Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. Address: 110 NORTH SHERMAN AVENUE City, State: MANTECA, CA 95336 Phone #: (209)823-1911 Fax #: (209)823-1931	Record ID: 390029AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009
Program Name: VALLEY COMMUNITY COUNSELING SERVICES Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. Address: 1300 WEST LODI AVENUE, SUITE G2 City, State: LODI, CA 95242 Phone #: (209)334-2126 Fax #: (209)369-8406	Record ID: 390029BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009
Program Name: VALLEY COMMUNITY COUNSELING SERVICES Legal Name: VALLEY COMMUNITY COUNSELING SERVICES, INC. Address: 19 EAST 6TH STREET City, State: TRACY, CA 95376 Phone #: (209)835-8583 Fax #: (209)835-2910	Record ID: 390029CN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 01/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Luis Obispo County

Program Name: OCEAN VIEW REHABILITATION PROGRAM	Record ID: 400006AP
Legal Name: DEBORAH HARKNESS	Service Type: RES-DETOX
Address: 730 LUISITA STREET	Resident Capacity: 4
City, State: MORRO BAY, CA 93442	Total Occupancy: 5
Phone #: (805)772-4363 Fax #: (559)486-6294	Target Population: 1.2
	Expiration Date 05/31/2009
Program Name: LIFE STEPS ALCOHOL AND DRUG FREE LIVING CENTER	Record ID: 400002AN
Legal Name: LIFE STEPS FOUNDATION, INC.	Service Type: RES
Address: 1217 MILL STREET	Resident Capacity: 6
City, State: SAN LUIS OBISPO, CA 93401	Total Occupancy: 16
Phone #: (805)549-0150	Target Population: 1.4
	Expiration Date 11/30/2008
Program Name: PASOS DE VIDA	Record ID: 400002BN
Legal Name: LIFE STEPS FOUNDATION, INC.	Service Type: RES
Address: 1431 POMEROY ROAD	Resident Capacity: 12
City, State: ARROYO GRANDE, CA 93420	Total Occupancy: 36
Phone #: (805)481-2505	Target Population: 1.14
	Expiration Date 02/29/2008
Program Name: SAN LUIS OBISPO CENTER FOR CHANGE	Record ID: 400005AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 285 SOUTH STREET, SUITE M	Resident Capacity: 0
City, State: SAN LUIS OBISPO, CA 93401	Total Occupancy: 0
Phone #: (805)544-2892 Fax #: (805)544-2887	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003AN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 2945 MCMILLAN ROAD, SUITE 136	Resident Capacity: 0
City, State: SAN LUIS OBISPO, CA 93401	Total Occupancy: 0
Phone #: (805)781-4275	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003BN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 3556 EL CAMINO REAL	Resident Capacity: 0
City, State: ATASCADERO, CA 93422	Total Occupancy: 0
Phone #: (805)461-6080 Fax #: (805)461-6114	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Record ID: 400003DN
Legal Name: SAN LUIS OBISPO COUNTY DRUG AND ALCOHOL SERVICES	Service Type: NON
Address: 1106 EAST GRAND AVENUE	Resident Capacity: 0
City, State: ARROYO GRANDE, CA 93420	Total Occupancy: 0
Phone #: (805)473-7080 Fax #: (805)473-7188	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: OUTPATIENT DRUG AND ALCOHOL SERVICES FOR ASIANS (ODASA)	Record ID: 410028BN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 6181 MISSION STREET	Resident Capacity: 0
City, State: DALY CITY, CA 94014	Total Occupancy: 0
Phone #: (650)301-3240	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: THE SEQUOIA CENTER	Record ID: 410032BP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: NON
Address: 650 MAIN STREET	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 0
Phone #: (650)364-5504	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: THE SEQUOIA CENTER	Record ID: 410032DP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: RES-DETOX
Address: 481 LINCOLN AVENUE	Resident Capacity: 10
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 11
Phone #: (650)364-6204 Fax #: (650)261-3977	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: THE SEQUOIA CENTER	Record ID: 410032GP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: RES-DETOX
Address: 622 RUBY STREET	Resident Capacity: 6
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 8
Phone #: (650)364-5504 Fax #: (650)261-3977	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: THE SEQUOIA CENTER	Record ID: 410032HP
Legal Name: CHEMICAL DATA SERVICES CORPORATION	Service Type: RES-DETOX
Address: 483 LINCOLN AVENUE	Resident Capacity: 6
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 8
Phone #: (650)364-5504 Fax #: (650)261-3977	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: REDWOOD CENTER	Record ID: 410011AN
Legal Name: COMMUNITY AWARENESS & TREATMENT SERVICES, INC.	Service Type: RES
Address: 100 EDMONDS ROAD	Resident Capacity: 49
City, State: REDWOOD CITY, CA 94062	Total Occupancy: 49
Phone #: (650)366-5723 Fax #: (650)366-5326	Target Population: 1.2
	Expiration Date 10/31/2007
Program Name: DAYTOP ADOLESCENT PROGRAM	Record ID: 410012AN
Legal Name: DAYTOP VILLAGE, INC.	Service Type: DSS
Address: 631 WOODSIDE ROAD	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94061	Total Occupancy: 0
Phone #: (650)367-9030	Target Population: 1.5

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Mateo County

Program Name: DAYTOP EPA	Record ID: 410012CN
Legal Name: DAYTOP VILLAGE, INC.	Service Type: RES
Address: 2560 PULGAS AVENUE	Resident Capacity: 32
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 32
Phone #: (650)325-6466	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: EL CENTRO DE LIBERTAD "THE FREEDOM CENTER"	Record ID: 410026BN
Legal Name: EL CENTRO DE LIBERTAD	Service Type: NON
Address: 2944 BROADWAY	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94062	Total Occupancy: 0
Phone #: (650)599-9955	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: THE FREEDOM CENTER	Record ID: 410026CN
Legal Name: EL CENTRO DE LIBERTAD	Service Type: NON
Address: 1230 HOPKINS, SUITE A	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94062	Total Occupancy: 0
Phone #: (650)599-9955 Fax #: (950)599-9273	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: EL CENTRO DE LIBERTAD/THE FREEDOM CENTER	Record ID: 410026DN
Legal Name: EL CENTRO DE LIBERTAD	Service Type: NON
Address: 225 SOUTH CABRILLO HIGHWAY, BUILDING C, SUITE # 200	Resident Capacity: 0
City, State: HALF MOON BAY, CA 94019	Total Occupancy: 0
Phone #: (650)560-9995 Fax #: (650)560-9991	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: WALKER HOUSE	Record ID: 410027AN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 1095 WEEKS AVENUE	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-4603 Fax #: (650)462-3589	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: FREE AT LAST	Record ID: 410027IN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: NON
Address: 1796 BAY ROAD	Resident Capacity: 0
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 0
Phone #: (650)462-6996 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: MALAIKA HOUSE	Record ID: 410027BN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 2041-2043 EUCLID AVENUE	Resident Capacity: 10
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 14
Phone #: (650)462-6983	Target Population: 1.4
	Expiration Date 08/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: WILLIAMS HOUSE II	Record ID: 410027MN
Legal Name: FREE AT LAST: COMMUNITY RECOVERY AND REHABILITATION SEF	Service Type: RES
Address: 1085 - B WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999 Fax #: (650)462-1055	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: WILLIAMS HOUSE I	Record ID: 410027LN
Legal Name: FREE AT LAST:COMMUNITY RECOVERY AND REHABILITATION SER	Service Type: RES
Address: 1085 - A WEEKS STREET	Resident Capacity: 6
City, State: EAST PALO ALTO, CA 94303	Total Occupancy: 6
Phone #: (650)462-6999 Fax #: (650)462-1055	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: PALM AVENUE SOCIAL MODEL DETOXIFICATION	Record ID: 410003AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 2251 PALM AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94403	Total Occupancy: 15
Phone #: (650)513-6500 Fax #: (650)513-6506	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: JERICHO PROJECT	Record ID: 410041AN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 154 & 156 2ND AVENUE	Resident Capacity: 12
City, State: DALY CITY, CA 94014	Total Occupancy: 15
Phone #: (650)994-9832 Fax #: (650)994-1191	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: JERICHO PROJECT	Record ID: 410041CN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 193 DEL PRADO DRIVE	Resident Capacity: 6
City, State: DALY CITY, CA 94015	Total Occupancy: 12
Phone #: (650)994-9832 Fax #: (650)994-1191	Target Population: 1.2
	Expiration Date 03/31/2009
Program Name: JERICHO PROJECT	Record ID: 410041BN
Legal Name: JERICHO PROJECT	Service Type: RES
Address: 163 DEL PRADO DRIVE	Resident Capacity: 6
City, State: DALY CITY, CA 94015	Total Occupancy: 12
Phone #: (650)994-9832 Fax #: (650)994-1191	Target Population: 1.2
	Expiration Date 03/31/2009
Program Name: CASA MARIA RECOVERY HOME	Record ID: 410020AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 105 MCLAIN AVENUE	Resident Capacity: 9
City, State: BRISBANE, CA 94005	Total Occupancy: 9
Phone #: (650)244-1444	Target Population: 1.3
	Expiration Date 04/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: CASA ADELITA	Record ID: 410020FN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 160 TEHAMA COURT	Resident Capacity: 6
City, State: SAN BRUNO, CA 94066	Total Occupancy: 6
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: LATINO COMMISSION/ENTRE FAMILIA OUTPATIENT	Record ID: 410020IN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: NON
Address: 301 GRAND AVENUE, SUITE 301	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)244-1444 Fax #: (650)244-1447	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: CASA LOS HERMANOS	Record ID: 410020HN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 693 7TH AVENUE	Resident Capacity: 6
City, State: SAN BRUNO, CA 94006	Total Occupancy: 6
Phone #: (415)468-9020 Fax #: (415)468-1740	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: CASA AZTLAN RECOVERY HOME	Record ID: 410020DN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 3080 LONGVIEW DRIVE	Resident Capacity: 6
City, State: SAN BRUNO, CA 94066	Total Occupancy: 6
Phone #: (650)355-7573	Target Population: 1.2
	Expiration Date 04/30/2009
Program Name: OCCUPATIONAL HEALTH SERVICES, INC.	Record ID: 410039BP
Legal Name: MHN	Service Type: NON
Address: 1941 O'FARRELL STREET, SUITE 114	Resident Capacity: 0
City, State: SAN MATEO, CA 94403	Total Occupancy: 0
Phone #: (650)572-0300 Fax #: (650)572-0274	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: JAMES O'TOOLE CENTER	Record ID: 410005AN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 15 NINTH AVENUE	Resident Capacity: 28
City, State: SAN MATEO, CA 94401	Total Occupancy: 28
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2009
Program Name: BETTS HOUSE	Record ID: 410005CN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 29 NORTH GRANT STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: CARNER HOUSE	Record ID: 410005GN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 1451 YOUNG STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2007
 Program Name: ELLIOTT CENTER	 Record ID: 410005MN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 314 BADEN AVENUE	Resident Capacity: 10
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 10
Phone #: (650)873-7620 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2008
 Program Name: SIMMONS HOUSE	 Record ID: 410005JN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 31 NINTH AVENUE	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2009
 Program Name: DUNTZ HOUSE	 Record ID: 410005HN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 23 NORTH GRANT STREET	Resident Capacity: 4
City, State: SAN MATEO, CA 94401	Total Occupancy: 4
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2007
 Program Name: MILLER HOUSE	 Record ID: 410005DN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 14 SOUTH NORFOLK STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 10/31/2009
 Program Name: PROJECT NINETY	 Record ID: 410005NN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 15D LEWIS	Resident Capacity: 5
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 5
Phone #: (650)579-7881	Target Population: 1.2
	Expiration Date 10/31/2008
 Program Name: PROJECT NINETY	 Record ID: 410005VN
Legal Name: PROJECT NINETY	Service Type: NON
Address: 15 NINTH AVENUE	Resident Capacity: 0
City, State: SAN MATEO, CA 94401	Total Occupancy: 0
Phone #: (650)579-7881 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: PROJECT NINETY	Record ID: 410005TN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 195 SPRUCE AVENUE	Resident Capacity: 5
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 5
Phone #: (650)616-8959 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: BRENNER HOUSE	Record ID: 410005RN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 535 BADEN AVENUE	Resident Capacity: 6
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 6
Phone #: (650)579-7881	Target Population: 1.2
	Expiration Date 10/31/2008
Program Name: HOFFMAN HOUSE	Record ID: 410005QN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 713 CYPRESS AVENUE	Resident Capacity: 6
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 6
Phone #: (650)579-7881	Target Population: 1.2
	Expiration Date 10/31/2008
Program Name: WORKING MAN'S PROGRAM	Record ID: 410005WN
Legal Name: PROJECT NINETY, INC.	Service Type: RES
Address: 247 DELAWARE AVENUE, #A	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)579-7882 Fax #: (650)579-2640	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: PYRAMID ALTERNATIVES	Record ID: 410006AN
Legal Name: PYRAMID ALTERNATIVES, INC.	Service Type: NON
Address: 480 MANOR PLAZA	Resident Capacity: 0
City, State: PACIFICA, CA 94044	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: PYRAMID ALTERNATIVES	Record ID: 410006BN
Legal Name: PYRAMID ALTERNATIVES, INC.	Service Type: NON
Address: 1053 EL CAMINO REAL	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: PYRAMID ALTERNATIVES	Record ID: 410006EN
Legal Name: PYRAMID ALTERNATIVES, INC.	Service Type: NON
Address: 225 SOUTH CABRILLO, SUITE 200A	Resident Capacity: 0
City, State: HALF MOON BAY, CA 94019	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: PYRAMID ALTERNATIVES	Record ID: 410006CN
Legal Name: PYRAMID ALTERNATIVES, INC.	Service Type: NON
Address: 1590 EL CAMINO REAL	Resident Capacity: 0
City, State: SAN BRUNO, CA 94066	Total Occupancy: 0
Phone #: (650)355-8787	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: PERINATAL ADDICTION OUTREACH TEAM (PAOT); PRE-TO-THREE I	Record ID: 410036BN
Legal Name: SAN MATEO COUNTY	Service Type: NON
Address: 150 WEST 20TH AVENUE	Resident Capacity: 0
City, State: SAN MATEO, CA 94403	Total Occupancy: 0
Phone #: (650)573-2808 Fax #: (650)341-0674	Target Population: 1.4
	Expiration Date 07/31/2009
Program Name: HOPE HOUSE	Record ID: 410013AN
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE	Service Type: RES
Address: 3789 HOOVER STREET	Resident Capacity: 10
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 14
Phone #: (650)363-8735 Fax #: (650)363-8701	Target Population: 1.4
	Expiration Date 11/30/2009
Program Name: HOPE HOUSE III	Record ID: 410013BN
Legal Name: SAN MATEO COUNTY SERVICE LEAGUE	Service Type: RES
Address: 3787-A AND 3787-B HOOVER STREET	Resident Capacity: 6
City, State: REDWOOD CITY, CA 94063	Total Occupancy: 6
Phone #: (650)363-8735 Fax #: (650)363-8701	Target Population: 1.3
	Expiration Date 05/31/2009
Program Name: SITIKE COUNSELING CENTER	Record ID: 410023AN
Legal Name: SITIKE	Service Type: NON
Address: 306 SPRUCE AVENUE	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)589-9305	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: MISSION HOUSE	Record ID: 410017AN
Legal Name: THE SOLIDARITY FELLOWSHIP, INC.	Service Type: RES
Address: 1679 SOUTH NORFOLK STREET	Resident Capacity: 6
City, State: SAN MATEO, CA 94402	Total Occupancy: 6
Phone #: (650)341-3803 Fax #: (650)341-3803	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: THE ELMS	Record ID: 410002AN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 202 EAST BELLEVUE AVENUE	Resident Capacity: 15
City, State: SAN MATEO, CA 94401	Total Occupancy: 15
Phone #: (650)343-8401	Target Population: 1.3
	Expiration Date 02/29/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

San Mateo County

Program Name: LAUREL HOUSE	Record ID: 410002BN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 900 LAUREL AVENUE	Resident Capacity: 12
City, State: SAN MATEO, CA 94401	Total Occupancy: 12
Phone #: (650)347-8808	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: HILLSIDE HOUSE ONE	Record ID: 410002IN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 27 NORTH HUMBOLDT AVENUE, UNIT A	Resident Capacity: 6
City, State: SAN MATEO, CA 94401	Total Occupancy: 6
Phone #: (650)348-6603 Fax #: (650)342-0454	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: HILLSIDE HOUSE TOO	Record ID: 410002JN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: RES
Address: 27 NORTH HUMBOLDT AVENUE, UNIT B	Resident Capacity: 5
City, State: SAN MATEO, CA 94401	Total Occupancy: 5
Phone #: (650)348-6603 Fax #: (650)348-0615	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: WOMEN'S RECOVERY ASSOCIATION - THE CENTER	Record ID: 410002CN
Legal Name: WOMEN'S RECOVERY ASSOCIATION OF SAN MATEO COUNTY, INC.	Service Type: NON
Address: 1450 CHAPIN AVENUE	Resident Capacity: 0
City, State: BURLINGAME, CA 94010	Total Occupancy: 0
Phone #: (650)348-6603	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: ARCHWAY	Record ID: 410038AN
Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES	Service Type: NON
Address: 609 PRICE STREET, ROOMS 101, 106, 107, 201, AND 205	Resident Capacity: 0
City, State: REDWOOD CITY, CA 94306	Total Occupancy: 0
Phone #: (650)366-8433 Fax #: (650)366-8455	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: FIRST CHANCE NORTH	Record ID: 410038CN
Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES	Service Type: NON
Address: 383 EAST GRAND AVENUE, SUITE D	Resident Capacity: 0
City, State: SOUTH SAN FRANCISCO, CA 94080	Total Occupancy: 0
Phone #: (650)952-3304 Fax #: (650)952-4080	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: FIRST CHANCE SOUTH	Record ID: 410038DN
Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES	Service Type: NON
Address: 335 QUARRY	Resident Capacity: 0
City, State: SAN CARLOS, CA 94070	Total Occupancy: 0
Phone #: (650)595-8165 Fax #: (650)595-8167	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

San Mateo County

Program Name: WOMEN'S ENRICHMENT CENTER
Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES
Address: 200 INDUSTRIAL ROAD, #128
City, State: SAN CARLOS, CA 94070
Phone #: (650)591-3636 Fax #: (650)591-3600

Record ID: 410038EN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2008

Program Name: INSIGHTS
Legal Name: YOUTH AND FAMILY ENRICHMENT SERVICES
Address: 85 WASHINGTON STREET
City, State: DALY CITY, CA 94015
Phone #: (650)755-0858 Fax #: (650)755-1754

Record ID: 410038BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Barbara County

Program Name: A SPIRITUAL ABODE, INC. Legal Name: A SPIRITUAL ABODE, INCORPORATED Address: 830 WEST CHURCH STREET City, State: SANTA MARIA, CA 93454 Phone #: (805)925-1352 Fax #: (805)925-1352	Record ID: 420029AN Service Type: RES-DETOX Resident Capacity: 13 Total Occupancy: 13 Target Population: 1.1 Expiration Date 04/30/2008
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1515 BATH STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)564-8701 Fax #: (805)966-6695	Record ID: 420024AN Service Type: RES Resident Capacity: 22 Total Occupancy: 22 Target Population: 1.3 Expiration Date 06/30/2009
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 1922 AND 1924 CASTILLO STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)966-1260 Fax #: (805)966-6695	Record ID: 420024BN Service Type: RES Resident Capacity: 10 Total Occupancy: 10 Target Population: 1.3 Expiration Date 06/30/2009
Program Name: CASA SERENA RESIDENTIAL RECOVERY PROGRAM Legal Name: CASA SERENA Address: 147 OLIVER ROAD City, State: SANTA BARBARA, CA 93105 Phone #: (805)966-1260 Fax #: (805)966-6695	Record ID: 420024CN Service Type: RES Resident Capacity: 6 Total Occupancy: 18 Target Population: 1.4 Expiration Date 06/30/2009
Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 1017 EAST OCEAN City, State: LOMPOC, CA 93436 Phone #: (805)735-7525	Record ID: 420030BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 08/31/2008
Program Name: COAST VALLEY SUBSTANCE ABUSE TREATMENT CENTER Legal Name: COAST VALLEY WORSHIP CENTER Address: 2320 THOMPSON AVENUE, UNITS D & E City, State: SANTA MARIA, CA 93455 Phone #: (805)739-8845 Fax #: (805)739-2855	Record ID: 420030AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 03/31/2009
Program Name: DANIEL BRYANT YOUTH AND FAMILY TREATMENT CENTER Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE Address: 25 WEST ANAPAMU STREET City, State: SANTA BARBARA, CA 93101 Phone #: (805)730-7575 Fax #: (805)730-7503	Record ID: 420022BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Barbara County

Program Name: PROJECT RECOVERY RESIDENTIAL DETOX PROGRAM	Record ID: 420022EN
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE	Service Type: RES-DETOX
Address: 816 CACIQUE STREET	Resident Capacity: 12
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 12
Phone #: (805)564-6057 Fax #: (805)963-8849	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: PC1000	Record ID: 420022DN
Legal Name: COUNCIL ON ALCOHOLISM AND DRUG ABUSE	Service Type: NON
Address: 232 EAST CANON PERDIDO STREET	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)963-1433 Fax #: (805)963-1720	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: FULL SPECTRUM RECOVERY	Record ID: 420033AN
Legal Name: FULL SPECTRUM RECOVERY	Service Type: NON
Address: 601 EAST ARRELLAGA STREET, SUITE 102	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 0
Phone #: (805)966-5100 Fax #: (805)966-4980	Target Population: 1.4
	Expiration Date 10/31/2008
Program Name: RECOVERY POINT ACUTE CARE	Record ID: 420010BN
Legal Name: GOOD SAMARITAN SHELTER	Service Type: RES-DETOX
Address: 401 "B" WEST MORRISON STREET	Resident Capacity: 12
City, State: SANTA MARIA, CA 93458	Total Occupancy: 12
Phone #: (805)347-3338	Target Population: 1.1
	Expiration Date 10/31/2008
Program Name: SANTA BARBARA CENTER FOR CHANGE	Record ID: 420031AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 2950 STATE STREET, SUITE A	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93105	Total Occupancy: 0
Phone #: (805)898-1018 Fax #: (805)898-1056	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: SANTA MARIA CENTER FOR CHANGE	Record ID: 420031BN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 201 SOUTH MILLER, SUITE 104	Resident Capacity: 0
City, State: SANTA MARIA, CA 93454	Total Occupancy: 0
Phone #: (805)925-9811 Fax #: (805)925-9706	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: RECOVERY ROAD MEDICAL CENTER	Record ID: 420034AP
Legal Name: RECOVERY ROAD MEDICAL CENTER, INC.	Service Type: NON
Address: 222 EAST CARRILLO STREET, SUITE 304	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)962-7800 Fax #: (805)962-9002	Target Population: 1.1
	Expiration Date 11/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Barbara County

Program Name: SANCTUARY PSYCHIATRIC CENTERS	Record ID: 420026AN
Legal Name: SANCTUARY HOUSE OF SANTA BARBARA, INC.	Service Type: NON
Address: 222 WEST VALERIO, REAR BUILDING	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)569-2785 Fax #: (805)563-1977	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: COTTAGE RESIDENTIAL CENTER	 Record ID: 420017AN
Legal Name: SANTA BARBARA COTTAGE HOSPITAL	Service Type: RES
Address: 316 MONTECITO STREET	Resident Capacity: 24
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 24
Phone #: (805)569-7815 Fax #: (805)569-8314	Target Population: 1.1
	Expiration Date 06/30/2009
 Program Name: PROJECT RECOVERY - ADULT OUTPATIENT TREATMENT PROGRAM	 Record ID: 420022AN
Legal Name: SANTA BARBARA COUNCIL ON ALCOHOLISM AND DRUG ABUSE	Service Type: NON
Address: 133 EAST HALEY STREET	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 0
Phone #: (805)564-6057	Target Population: 1.1
	Expiration Date 05/31/2009
 Program Name: SANTA BARBARA RESCUE MISSION - RECOVERY PROGRAM	 Record ID: 420016AN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: RES
Address: 535 EAST YANONALI STREET, A	Resident Capacity: 61
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 268
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.2
	Expiration Date 02/28/2009
 Program Name: RECOVERY SANTA BARBARA OUTPATIENT SERVICES	 Record ID: 420016CN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: NON
Address: 535 EAST YANONALI STREET, B	Resident Capacity: 0
City, State: SANTA BARBARA, CA 93103	Total Occupancy: 0
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.1
	Expiration Date 03/31/2008
 Program Name: BETHEL HOUSE	 Record ID: 420016BN
Legal Name: SANTA BARBARA RESCUE MISSION	Service Type: RES
Address: 24 WEST ARRELLEGA STREET	Resident Capacity: 25
City, State: SANTA BARBARA, CA 93101	Total Occupancy: 25
Phone #: (805)966-1316 Fax #: (805)966-7495	Target Population: 1.3
	Expiration Date 02/28/2009
 Program Name: ALCOHOL AND OTHER DRUG COUNSELING PROGRAM - SOLVANG S	 Record ID: 420032AN
Legal Name: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE	Service Type: NON
Address: 545 NORTH ALISAL ROAD	Resident Capacity: 0
City, State: SOLVANG, CA 93463	Total Occupancy: 0
Phone #: (805)686-0295 Fax #: (805)686-2856	Target Population: 1.4
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Barbara County

Program Name: YOUTH AND FAMILY TREATMENT CENTER
Legal Name: ZONA SECA
Address: 218 NORTH I STREET
City, State: LOMPOC, CA 93436
Phone #: (805)740-9799 Fax #: (805)740-2799

Record ID: 420025AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

Program Name: SUBSTANCE ABUSE COUNSELING SERVICES
Legal Name: ZONA SECA
Address: 26 WEST FIGUEROA STREET
City, State: SANTA BARBARA, CA 93101
Phone #: (805)963-8961

Record ID: 420025BN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: ADOLESCENT COUNSELING SERVICES
Legal Name: ADOLESCENT COUNSELING SERVICES
Address: 445 SHERMAN AVENUE, SUITE J
City, State: PALO ALTO, CA 94306
Phone #: (650)424-0852

Record ID: 430032AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5
Expiration Date 01/31/2009

Program Name: BROWNING HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 3098 BROWNING AVENUE
City, State: SAN JOSE, CA 95119
Phone #: (408)371-1891

Record ID: 430038AN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: GENESIS HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 7455 FURLONG AVENUE
City, State: GILROY, CA 95020
Phone #: (408)847-0504

Record ID: 430038FN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: SOUTH VALLEY HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 4305 ARPEGGIO AVENUE
City, State: SAN JOSE, CA 95136
Phone #: (408)226-2389

Record ID: 430038BN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: SUMMIT HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 1200 WEST EDMUNDSON AVENUE
City, State: MORGAN HILL, CA 95037
Phone #: (408)779-1492

Record ID: 430038CN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: LAURAL HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 865 BLACK WALNUT COURT
City, State: MORGAN HILL, CA 95037
Phone #: (408)779-5841

Record ID: 430038DN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

Program Name: GATEWAY HOME
Legal Name: ADVENT GROUP MINISTRIES, INC.
Address: 1960 CHURCH AVENUE
City, State: SAN MARTIN, CA 95046
Phone #: (408)683-2099

Record ID: 430038EN
Service Type: DSS
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: AMICUS HOUSE, INC.	Record ID: 430041AP
Legal Name: AMICUS HOUSE, INC.	Service Type: RES
Address: 466 SOUTH BUENA VISTA AVENUE	Resident Capacity: 14
City, State: SAN JOSE, CA 95126	Total Occupancy: 14
Phone #: (408)294-2277	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: ARH-BENNY MCKEOWN CENTER	Record ID: 430001AN
Legal Name: ARH RECOVERY HOMES, INC.	Service Type: RES
Address: 1281 FLEMING AVENUE	Resident Capacity: 27
City, State: SAN JOSE, CA 95127	Total Occupancy: 27
Phone #: (408)236-6657 Fax #: (408)236-6659	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: BECK HOUSE	Record ID: 430001FN
Legal Name: ARH RECOVERY HOMES, INC.	Service Type: RES
Address: 2345 AND 2355 MATHER DRIVE	Resident Capacity: 42
City, State: SAN JOSE, CA 95116	Total Occupancy: 42
Phone #: (408)937-7083 Fax #: (408)236-6659	Target Population: 1.1
	Expiration Date 08/31/2009
Program Name: ARH-MARIPOSA LODGE	Record ID: 430001DN
Legal Name: ARH RECOVERY HOMES, INC.	Service Type: RES-DETOX
Address: 9500 MALECH ROAD	Resident Capacity: 88
City, State: SAN JOSE, CA 95138	Total Occupancy: 88
Phone #: (408)236-6657 Fax #: (408)236-6659	Target Population: 1.3
	Expiration Date 12/31/2007
Program Name: HOUSE ON THE HILL	Record ID: 430001JN
Legal Name: ARH RECOVERY HOMES, INC.	Service Type: NON
Address: 9501 MALECH ROAD	Resident Capacity: 0
City, State: SAN JOSE, CA 95138	Total Occupancy: 0
Phone #: (408)281-6575 Fax #: (408)463-1116	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: ARH-HOUSE ON THE HILL	Record ID: 430001EN
Legal Name: ARH RECOVERY HOMES, INC.	Service Type: RES
Address: 9505 MALECH ROAD	Resident Capacity: 20
City, State: SAN JOSE, CA 95138	Total Occupancy: 42
Phone #: (408)236-6657 Fax #: (408)463-0942	Target Population: 1.4
	Expiration Date 12/31/2007
Program Name: THE PLACE	Record ID: 430036AN
Legal Name: ASIAN AMERICAN RECOVERY SERVICES, INC.	Service Type: NON
Address: 1340 TULLY ROAD, SUITE 304	Resident Capacity: 0
City, State: SAN JOSE, CA 95122	Total Occupancy: 0
Phone #: (408)271-3900 Fax #: (408)271-3909	Target Population: 1.1
	Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: COUNTYWIDE ALCOHOL AND DRUG SERVICES	Record ID: 430044AN
Legal Name: C.A.D.S., INC.	Service Type: NON
Address: 1 WEST CAMPBELL AVENUE, SUITE B-29	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (408)370-9688	Target Population: 1.1
	Expiration Date 04/30/2007
Program Name: COMBINED ADDICTS AND PROFESSIONAL SERVICES OUTPATIENT P	Record ID: 430017BN
Legal Name: COMBINED ADDICTS AND PROFESSIONAL SERVICES	Service Type: NON
Address: 66 EAST ROSEMARY STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)441-6088	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: CAPS - ROSEMARY'S WAY	Record ID: 430017AN
Legal Name: COMBINED ADDICTS AND PROFESSIONALS SERVICES	Service Type: RES
Address: 398 SOUTH 12TH STREET	Resident Capacity: 23
City, State: SAN JOSE, CA 95112	Total Occupancy: 23
Phone #: (408)441-6097 Fax #: (408)441-6094	Target Population: 1.1
	Expiration Date 11/30/2009
Program Name: NEW OUTLOOKS: ALCOHOL AND DRUG ADOLESCENT PREVENTION	Record ID: 430062AN
Legal Name: COMMUNITY HEALTH AWARENESS COUNCIL	Service Type: NON
Address: 711 CHURCH STREET	Resident Capacity: 0
City, State: MOUNTAIN VIEW, CA 94041	Total Occupancy: 0
Phone #: (650)965-2020 Fax #: (650)965-7286	Target Population: 1.5
	Expiration Date 06/30/2008
Program Name: FAMILY AND CHILDREN SERVICES--SUBSTANCE ABUSE TREATMEN	Record ID: 430046AN
Legal Name: FAMILY AND CHILDREN SERVICES	Service Type: NON
Address: 950 WEST JULIAN STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95126	Total Occupancy: 0
Phone #: (408)288-6200 Fax #: (408)288-6201	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: HORIZON SOUTH	Record ID: 430021AN
Legal Name: HORIZON SERVICES, INCORPORATED	Service Type: RES-DETOX
Address: 650 SOUTH BASCOM AVENUE	Resident Capacity: 41
City, State: SAN JOSE, CA 95128	Total Occupancy: 41
Phone #: (408)295-6675 Fax #: (408)295-8544	Target Population: 1.2
	Expiration Date 08/31/2008
Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY OUTPATIENT A	Record ID: 430047DN
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY	Service Type: NON
Address: 1333 MERIDIAN AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95125	Total Occupancy: 0
Phone #: (408)445-3400 Fax #: (408)350-2411	Target Population: 1.1
	Expiration Date 02/29/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY-OUTPATIENT A	Record ID: 430047CN
Legal Name: INDIAN HEALTH CENTER OF SANTA CLARA VALLEY	Service Type: NON
Address: 555 NORTH FIRST STREET, SUITE 100	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)350-2400 Fax #: (408)350-2411	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: STIMULANT ABUSE RECOVERY CENTER	Record ID: 430064AP
Legal Name: LANDRUM, ANTHONY	Service Type: NON
Address: 449-A EAST SANTA CLARA STREET	Resident Capacity: 0
City, State: SAN JOSE, CA 95113	Total Occupancy: 0
Phone #: (408)292-7979	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: LIFE CHOICES	Record ID: 430049AN
Legal Name: LIFECHOICES TREATMENT SERVICES, INC.	Service Type: RES-DETOX
Address: 1157 EAST TAYLOR STREET	Resident Capacity: 31
City, State: SAN JOSE, CA 95112	Total Occupancy: 31
Phone #: (408)971-7811	Target Population: 1.2
	Expiration Date 02/29/2008
Program Name: OCCUPATIONAL HEALTH SERVICES, INC.	Record ID: 430055AP
Legal Name: MHN	Service Type: NON
Address: 625 ELLIS STREET, SUITE 100	Resident Capacity: 0
City, State: MOUNTAIN VIEW, CA 94043	Total Occupancy: 0
Phone #: (650)988-4825 Fax #: (650)988-0175	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053BP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: NON
Address: 1101 PARK AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95126	Total Occupancy: 0
Phone #: (408)297-1182 Fax #: (408)297-7450	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: NEW LIFE RECOVERY CENTERS	Record ID: 430053AP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 473 NORTH SAN PEDRO	Resident Capacity: 19
City, State: SAN JOSE, CA 95110	Total Occupancy: 19
Phone #: (408)297-1182 Fax #: (408)297-7450	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: NEW LIFE RECOVERY CENTERS, INC.	Record ID: 430053CP
Legal Name: NEW LIFE RECOVERY CENTERS, INC.	Service Type: RES
Address: 166 CLAYTON AVENUE	Resident Capacity: 6
City, State: SAN JOSE, CA 95110	Total Occupancy: 6
Phone #: (408)975-0454 Fax #: (408)297-7450	Target Population: 1.1
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: HOUSE OF DAWN	Record ID: 430059AN
Legal Name: OPERATION DAWN	Service Type: RES
Address: 5034 PAGE MILL DRIVE	Resident Capacity: 6
City, State: SAN JOSE, CA 95111	Total Occupancy: 6
Phone #: (408)362-0121	Target Population: 1.2
	Expiration Date 11/30/2008
Program Name: PATHWAY HOUSE	Record ID: 430016AN
Legal Name: PATHWAY SOCIETY	Service Type: RES
Address: 102 SOUTH 11TH STREET	Resident Capacity: 65
City, State: SAN JOSE, CA 95112	Total Occupancy: 65
Phone #: (408)998-5191	Target Population: 1.1
Fax #: (408)998-5191	Expiration Date 12/31/2007
Program Name: PATHWAY SOCIETY, INC.	Record ID: 430016CN
Legal Name: PATHWAY SOCIETY	Service Type: NON
Address: 1825 DE LA CRUZ BOULEVARD, SUITE 103	Resident Capacity: 0
City, State: SANTA CLARA, CA 95050	Total Occupancy: 0
Phone #: (408)492-8986	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: PATHWAY OUTPATIENT CENTER	Record ID: 430016BN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 1659 SCOTT BOULEVARD, SUITE 5, 22, AND 32	Resident Capacity: 0
City, State: SANTA CLARA, CA 95050	Total Occupancy: 0
Phone #: (408)244-1834	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: PATHWAY SOCIETY, INC.	Record ID: 430016DN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 16433 MONTEREY STREET, SUITE E	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)782-6300	Target Population: 1.1
Fax #: (408)782-6363	Expiration Date 03/31/2008
Program Name: PATHWAY SOCIETY, INC.	Record ID: 430016EN
Legal Name: PATHWAY SOCIETY, INC.	Service Type: NON
Address: 16360 MONTEREY ROAD, SUITE 150	Resident Capacity: 0
City, State: MORGAN HILL, CA 95037	Total Occupancy: 0
Phone #: (408)776-1067	Target Population: 1.1
Fax #: (408)776-8073	Expiration Date 08/31/2008
Program Name: NINTH STREET HOUSE	Record ID: 430051AN
Legal Name: PROJECT NINETY	Service Type: RES
Address: 561 SOUTH 9TH STREET	Resident Capacity: 10
City, State: SAN JOSE, CA 95112	Total Occupancy: 10
Phone #: (650)579-7881	Target Population: 1.2
Fax #: (650)579-2640	Expiration Date 11/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: PROJECT NINETY THIRD STREET HOUSE	Record ID: 430051BN
Legal Name: PROJECT NINETY, INC.	Service Type: RES
Address: 792 SOUTH THIRD STREET	Resident Capacity: 10
City, State: SAN JOSE, CA 95112	Total Occupancy: 10
Phone #: (650)579-7882	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: RAINBOW RECOVERY DAY TREATMENT & OUTPATIENT PROGRAM	Record ID: 430061CN
Legal Name: RAINBOW RECOVERY FOUNDATION, INC.	Service Type: NON
Address: 2147 LINCOLN AVENUE	Resident Capacity: 0
City, State: SAN JOSE, CA 95125	Total Occupancy: 0
Phone #: (408)781-4587 Fax #: (408)268-2814	Target Population: 1.1
	Expiration Date 10/31/2007
Program Name: RECOVERY CONNECTIONS TREATMENT SERVICES	Record ID: 430057AN
Legal Name: RECOVERY CONNECTIONS TREATMENT SERVICES, LLC	Service Type: NON
Address: 1723 HAMILTON AVENUE, SUITE D	Resident Capacity: 0
City, State: SAN JOSE, CA 95125	Total Occupancy: 0
Phone #: (408)267-2901 Fax #: (408)448-0399	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: RECOVERY CONNECTIONS RESIDENTIAL TREATMENT	Record ID: 430057BP
Legal Name: RECOVERY CONNECTIONS TREATMENT SERVICES, LLC	Service Type: RES
Address: 807 PARK COURT	Resident Capacity: 6
City, State: SANTA CLARA, CA 95050	Total Occupancy: 8
Phone #: (408)264-9200 Fax #: (408)264-9200	Target Population: 1.1
	Expiration Date 08/31/2007
Program Name: WILLOW HOME	Record ID: 430018AP
Legal Name: SAAVEDRA, CARLOS	Service Type: RES
Address: 808 PALM STREET	Resident Capacity: 16
City, State: SAN JOSE, CA 95110	Total Occupancy: 17
Phone #: (408)294-5072	Target Population: 1.2
	Expiration Date 10/31/2007
Program Name: SUPPORT SYSTEMS HOMES 3	Record ID: 430027DP
Legal Name: SUPPORT SYSTEMS HOMES	Service Type: RES
Address: 1032 THORNTON WAY	Resident Capacity: 6
City, State: SAN JOSE, CA 95128	Total Occupancy: 6
Phone #: (408)370-9688	Target Population: 1.2
	Expiration Date 10/31/2008
Program Name: SUPPORT SYSTEMS HOMES OUTPATIENT AND DAY TREATMENT PR	Record ID: 430027GP
Legal Name: SUPPORT SYSTEMS HOMES, INCORPORATED	Service Type: NON
Address: 1 WEST CAMPBELL AVENUE, SUITE B-27	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (408)370-9688 Fax #: (408)370-3487	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Clara County

Program Name: SUPPORT SYSTEMS HOMES ALCOHOL AND DRUG TREATMENT CEN'	Record ID: 430027HP
Legal Name: SUPPORT SYSTEMS HOMES, INCORPORATED	Service Type: RES-DETOX
Address: 264 NORTH MORRISON AVENUE	Resident Capacity: 32
City, State: SAN JOSE, CA 95126	Total Occupancy: 32
Phone #: (408)370-9688 Fax #: (408)370-3487	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT	Record ID: 430042AN
Legal Name: THE ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANT	Service Type: NON
Address: 2400 MOORPARK AVENUE, SUITES 111, 210, 300, AND 312	Resident Capacity: 0
City, State: SAN JOSE, CA 95128	Total Occupancy: 0
Phone #: (408)975-2730 Fax #: (408)975-2745	Target Population: 1.1
	Expiration Date 09/30/2007
Program Name: THE CAMP - OUTPATIENT SERVICES	Record ID: 430034AP
Legal Name: THE CAMP RECOVERY CENTERS, L.P.	Service Type: NON
Address: 256 EAST HAMILTON AVENUE, SUITE K	Resident Capacity: 0
City, State: CAMPBELL, CA 95008	Total Occupancy: 0
Phone #: (408)367-2109 Fax #: (408)378-6324	Target Population: 1.1
	Expiration Date 09/30/2007
Program Name: CALWORKS DUAL DIAGNOSIS PROGRAM	Record ID: 430045AN
Legal Name: THE GARDNER FAMILY CARE CORPORATION	Service Type: NON
Address: 160 EAST VIRGINIA STREET, SUITE 280	Resident Capacity: 0
City, State: SAN JOSE, CA 95112	Total Occupancy: 0
Phone #: (408)287-6200 Fax #: (408)998-1535	Target Population: 1.8
	Expiration Date 05/31/2009
Program Name: PROYECTO PRIMAVERA ADULT OUTPATIENT PROGRAM	Record ID: 430045BN
Legal Name: THE GARDNER FAMILY CARE CORPORATION	Service Type: NON
Address: 614 TULLY ROAD	Resident Capacity: 0
City, State: SAN JOSE, CA 95111	Total Occupancy: 0
Phone #: (408)977-1591 Fax #: (408)977-1136	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Cruz County

Program Name: THE CAMP RECOVERY CENTER - OUTPATIENT ADDICTION SERVICE	Record ID: 440011CP
Legal Name: CRC HEALTH	Service Type: NON
Address: 215 RIVER STREET	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 0
Phone #: (831)438-1868	Target Population: 1.5
	Expiration Date 05/31/2009
Program Name: OUT-PATIENT CLIENT SERVICES	Record ID: 440003AN
Legal Name: JANUS OF SANTA CRUZ	Service Type: NON
Address: 200 SEVENTH AVENUE	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95062	Total Occupancy: 0
Phone #: (831)462-1060	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: MONDANARO BASKIN CENTER	Record ID: 440003EN
Legal Name: JANUS OF SANTA CRUZ	Service Type: NON
Address: 1314 OCEAN STREET	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 0
Phone #: (831)423-9015	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: MONDANARO-BASKIN CENTER FOR WOMEN & CHILDREN	Record ID: 440003DN
Legal Name: JANUS OF SANTA CRUZ	Service Type: RES
Address: 1314 OCEAN STREET	Resident Capacity: 10
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 25
Phone #: (831)423-9015	Target Population: 1.4
	Expiration Date 08/31/2008
Program Name: RESIDENTIAL TREATMENT CENTER & SPECIAL CARE UNIT	Record ID: 440003BN
Legal Name: JANUS OF SANTA CRUZ	Service Type: RES-DETOX
Address: 200 SEVENTH AVENUE	Resident Capacity: 40
City, State: SANTA CRUZ, CA 95062	Total Occupancy: 40
Phone #: (831)462-1060	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: NARCONON OF NORTHERN CALIFORNIA	Record ID: 440009CN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: RES-DETOX
Address: 262 GAFFEY ROAD	Resident Capacity: 40
City, State: WATSONVILLE, CA 95076	Total Occupancy: 40
Phone #: (831)768-7190 Fax #: (831)768-7194	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: NARCONON OF NORTHERN CALIFORNIA-IOP/DAY TREATMENT	Record ID: 440009DN
Legal Name: NARCONON OF NORTHERN CALIFORNIA	Service Type: NON
Address: 262 GAFFEY ROAD	Resident Capacity: 0
City, State: WATSONVILLE, CA 95076	Total Occupancy: 0
Phone #: (831)768-7190 Fax #: (831)768-7194	Target Population: 1.5
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Cruz County

Program Name: NEW LIFE CENTER	Record ID: 440010AN
Legal Name: NEW LIFE COMMUNITY SERVICES, INC.	Service Type: RES
Address: 707 AND 717 FAIR AVENUE	Resident Capacity: 38
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 57
Phone #: (831)427-1007	Target Population: 1.7
	Expiration Date 04/30/2009
Program Name: PROVIDENCE RECOVERY CENTER	Record ID: 440013AP
Legal Name: PROVIDENCE RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 831 PAGET AVENUE	Resident Capacity: 13
City, State: SANTA CRUZ, CA 95062	Total Occupancy: 13
Phone #: (831)475-1326 Fax #: (831)475-7881	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: SOBRIETY WORKS	Record ID: 440012AP
Legal Name: RIKKI RAP, INC.	Service Type: NON
Address: 1658 SOQUEL DRIVE, SUITE B	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95065	Total Occupancy: 0
Phone #: (831)476-1747 Fax #: (831)476-1362	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: PIONEER HOUSE	Record ID: 440008BN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 290 PIONEER STREET	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 0
Phone #: (831)459-0444 Fax #: (831)459-0665	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: SI SE PUEDE	Record ID: 440008LN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: RES
Address: 161 MILES LANE	Resident Capacity: 23
City, State: WATSONVILLE, CA 95076	Total Occupancy: 23
Phone #: (831)761-5422	Target Population: 1.11
	Expiration Date 06/30/2008
Program Name: ALTO COUNSELING CENTER - NORTH	Record ID: 440008HN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 271 WATER STREET	Resident Capacity: 0
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 0
Phone #: (831)427-5290	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: SANTA CRUZ RESIDENTIAL RECOVERY	Record ID: 440008AN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: RES
Address: 125 RIGG STREET, 121-A WEEKS STREET AND 121-B WEEKS STRI	Resident Capacity: 39
City, State: SANTA CRUZ, CA 95060	Total Occupancy: 39
Phone #: (831)423-3890	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Santa Cruz County

Program Name: HERMANAS RECOVERY HOME	Record ID: 440001DN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: RES
Address: 640 RODRIGUEZ STREET	Resident Capacity: 11
City, State: WATSONVILLE, CA 95076	Total Occupancy: 17
Phone #: (831)722-2471 Fax #: (831)768-9253	Target Population: 1.4
	Expiration Date 12/31/2008
Program Name: FENIX OUTPATIENT SERVICES	Record ID: 440001EN
Legal Name: SANTA CRUZ COMMUNITY COUNSELING CENTER	Service Type: NON
Address: 10 ALEXANDER STREET	Resident Capacity: 0
City, State: WATSONVILLE, CA 95076	Total Occupancy: 0
Phone #: (831)722-5915 Fax #: (831)722-8311	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: THE CAMP RECOVERY CENTERS-SECTION II	Record ID: 440011BP
Legal Name: THE CAMP RECOVERY CENTER, L.P.	Service Type: DSS
Address: 3192 GLEN CANYON ROAD	Resident Capacity: 0
City, State: SCOTTS VALLEY, CA 95066	Total Occupancy: 0
Phone #: (831)438-1868	Target Population: 1.5
Program Name: THE CAMP	Record ID: 440011AP
Legal Name: THE CAMP RECOVERY CENTERS, L. P.	Service Type: RES-DETOX
Address: 3192 GLEN CANYON ROAD	Resident Capacity: 56
City, State: SCOTTS VALLEY, CA 95066	Total Occupancy: 60
Phone #: (831)438-1868	Target Population: 1.10
	Expiration Date 09/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Shasta County

Program Name: REDEEMED RECOVERY SERVICES	Record ID: 450008AN
Legal Name: CHURCH OF THE REDEEMED OF REDDING, CALIFORNIA	Service Type: NON
Address: 844 BUTTE STREET	Resident Capacity: 0
City, State: REDDING, CA 96001	Total Occupancy: 0
Phone #: (530)241-5518 Fax #: (530)221-6292	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: EMPIRE RECOVERY CENTER	Record ID: 450001AN
Legal Name: EMPIRE HOTEL, EHARC, INC.	Service Type: RES-DETOX
Address: 1237 CALIFORNIA STREET	Resident Capacity: 42
City, State: REDDING, CA 96001	Total Occupancy: 42
Phone #: (530)243-7470 Fax #: (530)243-7477	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: EMPIRE RECOVERY CENTER	Record ID: 450001BN
Legal Name: EMPIRE HOTEL, EHARC, INC.	Service Type: NON
Address: 5014 SHASTA DAM BOULEVARD	Resident Capacity: 0
City, State: SHASTA LAKE, CA 96019	Total Occupancy: 0
Phone #: (530)275-1076 Fax #: (530)275-3717	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, DRUG AND ALCOHOL	Record ID: 450018AN
Legal Name: NORTHERN VALLEY CATHOLIC SOCIAL SERVICE, INC.	Service Type: NON
Address: 2400 WASHINGTON AVENUE	Resident Capacity: 0
City, State: REDDING, CA 96001	Total Occupancy: 0
Phone #: (530)241-0552 Fax #: (530)241-2017	Target Population: 1.1
	Expiration Date 06/30/2008
Program Name: SHASTA OPTIONS	Record ID: 450019AP
Legal Name: PHIL RAPIN	Service Type: NON
Address: 2972 CHURN CREEK ROAD	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)224-5469 Fax #: (530)221-1339	Target Population: 1.1
	Expiration Date 01/31/2009
Program Name: ANDERSON OUTPATIENT PROGRAM	Record ID: 450012AN
Legal Name: RIGHT ROAD RECOVERY PROGRAMS, INC.	Service Type: NON
Address: 2326 AND 2336 BALLS FERRY ROAD	Resident Capacity: 0
City, State: ANDERSON, CA 96007	Total Occupancy: 0
Phone #: (530)365-8523	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: SHASTA COUNTY ALCOHOL AND DRUG PROGRAMS (SACPA)	Record ID: 450015AN
Legal Name: SHASTA COUNTY ALCOHOL AND DRUG PROGRAMS (SACPA)	Service Type: NON
Address: 1600 COURT STREET	Resident Capacity: 0
City, State: REDDING, CA 96001	Total Occupancy: 0
Phone #: (530)229-8310 Fax #: (530)229-8401	Target Population: 1.1
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Shasta County

Program Name: SHASTA RECOVERY CENTER	Record ID: 450010AP
Legal Name: SMITH, RON W.	Service Type: NON
Address: 2115 HOWARD STREET, SUITE C	Resident Capacity: 0
City, State: ANDERSON, CA 96007	Total Occupancy: 0
Phone #: (530)365-1160 Fax #: (530)343-6715	Target Population: 1.7
	Expiration Date 05/31/2009
Program Name: THE CORNERSTONE MEN'S RESIDENTIAL TREATMENT PROGRAM A	Record ID: 450006AN
Legal Name: THE CORNERSTONE RECOVERY SYSTEMS	Service Type: RES
Address: 2096 CASCADE BOULEVARD	Resident Capacity: 61
City, State: SHASTA LAKE, CA 96019	Total Occupancy: 61
Phone #: (530)275-5622	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: THE CORNERSTONE 2	Record ID: 450006BN
Legal Name: THE CORNERSTONE RECOVERY SYSTEMS	Service Type: RES
Address: 13144 BEAR MOUNTAIN ROAD	Resident Capacity: 18
City, State: REDDING, CA 96003	Total Occupancy: 18
Phone #: (530)275-0906	Target Population: 1.3
	Expiration Date 03/31/2008
Program Name: CHEMICAL DEPENDENCY INTENSIVE OUTPATIENT PROGRAM	Record ID: 450011AP
Legal Name: THOMAS J. ANDREWS, M.D., INC.	Service Type: NON
Address: 2885 CHURN CREEK ROAD, SUITE A	Resident Capacity: 0
City, State: REDDING, CA 96002	Total Occupancy: 0
Phone #: (530)221-7474 Fax #: (530)226-6329	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: WILDERNESS RECOVERY CENTER	Record ID: 450004AN
Legal Name: WILDERNESS RECOVERY CENTER, INC.	Service Type: DSS
Address: 19650 COVE ROAD	Resident Capacity: 0
City, State: MONTGOMERY CREEK, CA 96065	Total Occupancy: 0
Phone #: (530)337-6724	Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Sierra County

As of: 11/06/2007

Program Name: SIERRA COUNTY HUMAN SERVICES

Legal Name: SIERRA COUNTY HUMAN SERVICES

Address: 704 MILL STREET

City, State: LOYALTON, CA 96118

Phone #: (530)993-6746 Fax #: (530)993-6759

Record ID: 460001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Siskiyou County

Program Name: ALCOHOL AND OTHER DRUG SERVICES
Legal Name: COUNTY OF SISKIYOU BEHAVIORAL HEALTH SERVICES
Address: 2060 CAMPUS DRIVE
City, State: YREKA, CA 96097
Phone #: (530)841-4890 Fax #: (530)841-4881

Record ID: 470002AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 04/30/2009

Program Name: THE KARUK TRIBE SUBSTANCE ABUSE PROGRAM
Legal Name: THE KARUK TRIBE OF CALIFORNIA
Address: 1519 SOUTH OREGON STREET
City, State: YREKA, CA 96097
Phone #: (530)842-9200 Fax #: (530)841-5150

Record ID: 470003AN
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Solano County

Program Name: PRINCIPLES PROGRAM	Record ID: 480027AN
Legal Name: AMERICAN ALCOHOL AND DRUG RECOVERY FOUNDATION, INC.	Service Type: RES
Address: 7516 PADDON ROAD	Resident Capacity: 6
City, State: VACAVILLE, CA 95688	Total Occupancy: 6
Phone #: (707)301-6234 Fax #: (707)449-8387	Target Population: 1.2
	Expiration Date 05/31/2008
Program Name: ANKA BEHAVIORAL HEALTH, INC.	Record ID: 480023AN
Legal Name: ANKA BEHAVIORAL HEALTH, INC.	Service Type: NON
Address: 301 GEORGIA STREET, SUITE 355	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)558-8195 Fax #: (707)558-8196	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: ARCHWAY RECOVERY SERVICES, INC.	Record ID: 480022AN
Legal Name: ARCHWAY RECOVERY SERVICES, INC.	Service Type: RES
Address: 1525 UNION AVENUE	Resident Capacity: 18
City, State: FAIRFIELD, CA 94533	Total Occupancy: 18
Phone #: (707)435-1804 Fax #: (707)435-9807	Target Population: 1.2
	Expiration Date 03/31/2009
Program Name: SOUTHERN SOLANO ALCOHOL COUNCIL	Record ID: 480002BN
Legal Name: BI-BETT	Service Type: RES-DETOX
Address: 419 PENNSYLVANIA STREET	Resident Capacity: 9
City, State: VALLEJO, CA 94590	Total Occupancy: 9
Phone #: (707)643-8536	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: SHAMIA RECOVERY CENTER	Record ID: 480002EN
Legal Name: BI-BETT	Service Type: RES
Address: 109A OHIO STREET	Resident Capacity: 4
City, State: VALLEJO, CA 94590	Total Occupancy: 4
Phone #: (707)644-2577 Fax #: (707)644-5501	Target Population: 1.3
	Expiration Date 10/31/2008
Program Name: SHAMIA RECOVERY CENTER	Record ID: 480002HN
Legal Name: BI-BETT	Service Type: RES
Address: 109 B OHIO STREET	Resident Capacity: 4
City, State: VALLEJO, CA 94590	Total Occupancy: 4
Phone #: (707)644-2577 Fax #: (707)644-5501	Target Population: 1.3
	Expiration Date 09/30/2008
Program Name: RECOVERY CONNECTION	Record ID: 480002GN
Legal Name: BI-BETT	Service Type: NON
Address: 604 BROADWAY	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)643-2748 Fax #: (707)558-8047	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Solano County

Program Name: SHAMIA RECOVERY CENTER	Record ID: 480002CN
Legal Name: BI-BETT	Service Type: RES
Address: 126, 126 1/2, AND 128 OHIO STREET	Resident Capacity: 16
City, State: VALLEJO, CA 94590	Total Occupancy: 16
Phone #: (707)644-2577 Fax #: (707)644-5501	Target Population: 1.4
	Expiration Date 11/30/2007
Program Name: LATINO FAMILY CENTER	Record ID: 480018BN
Legal Name: CALIFORNIA HISPANIC COMMISSION ON ALCOHOL & DRUG ABUSE	Service Type: NON
Address: 40 ELDRIDGE ROAD, SUITE 10-A	Resident Capacity: 0
City, State: VACAVILLE, CA 95688	Total Occupancy: 0
Phone #: (916)443-5473 Fax #: (916)443-1732	Target Population: 1.5
	Expiration Date 04/30/2009
Program Name: DAUGHTERS IN CRISIS AND MOTHERS OF LOVE, "PATHWAY TO DON	Record ID: 480031AN
Legal Name: DAUGHTERS IN CRISIS AND MOTHERS OF LOVE, INC.	Service Type: RES
Address: 867 ASHWOOD STREET	Resident Capacity: 6
City, State: VALLEJO, CA 94591	Total Occupancy: 6
Phone #: (707)384-5872 Fax #: (707)644-3339	Target Population: 1.3
	Expiration Date 02/28/2009
Program Name: DIXON FAMILY SERVICES	Record ID: 480008AN
Legal Name: DIXON FAMILY SERVICES	Service Type: NON
Address: 155 NORTH SECOND STREET	Resident Capacity: 0
City, State: DIXON, CA 95620	Total Occupancy: 0
Phone #: (707)678-0442 Fax #: (707)678-4014	Target Population: 1.7
	Expiration Date 05/31/2009
Program Name: EMANI HOUSE	Record ID: 480029AN
Legal Name: EMANI INCORPORATED	Service Type: RES
Address: 200 PEPPERCORN COURT	Resident Capacity: 6
City, State: VALLEJO, CA 94591	Total Occupancy: 6
Phone #: (707)642-6147 Fax #: (707)642-4704	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: HOUSE OF NAMASTE	Record ID: 480029BN
Legal Name: EMANI INCORPORATED	Service Type: RES
Address: 420 AND 420 1/2 EAST O STREET	Resident Capacity: 12
City, State: BENICIA, CA 94510	Total Occupancy: 12
Phone #: (707)642-6147 Fax #: (707)642-4704	Target Population: 1.3
	Expiration Date 12/31/2008
Program Name: GENESIS HOUSE	Record ID: 480005AN
Legal Name: GENESIS HOUSE, INC.	Service Type: RES
Address: 1149 WARREN AVENUE	Resident Capacity: 19
City, State: VALLEJO, CA 94591	Total Occupancy: 19
Phone #: (707)552-5295	Target Population: 1.1
	Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Solano County

Program Name: GENESIS HOUSE II	Record ID: 480005BN
Legal Name: GENESIS HOUSE, INC.	Service Type: RES
Address: 133 RENIDA STREET	Resident Capacity: 12
City, State: VALLEJO, CA 94591	Total Occupancy: 12
Phone #: (707)552-5295	Target Population: 1.2
	Expiration Date 06/30/2009
Program Name: HEALTHY PARTNERSHIPS	Record ID: 480015BP
Legal Name: HEALTHY PARTNERSHIPS	Service Type: NON
Address: 1735 ENTERPRISE DRIVE, BLDG 1, SUITE 105-A	Resident Capacity: 0
City, State: FAIRFIELD, CA 94533	Total Occupancy: 0
Phone #: (707)425-1799 Fax #: (707)425-1081	Target Population: 1.1
	Expiration Date 03/31/2009
Program Name: HEALTHY PARTNERSHIPS	Record ID: 480015AP
Legal Name: HEALTHY PARTNERSHIPS	Service Type: NON
Address: 1286 CALLEN STREET, SUITE H	Resident Capacity: 0
City, State: VACAVILLE, CA 95688	Total Occupancy: 0
Phone #: (707)447-8982	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: HEALTHY PARTNERSHIPS, INC.	Record ID: 480015DP
Legal Name: HEALTHY PARTNERSHIPS, INC.	Service Type: NON
Address: 6 NORTH FRONT STREET	Resident Capacity: 0
City, State: RIO VISTA, CA 94571	Total Occupancy: 0
Phone #: (707)425-1799 Fax #: (707)425-1081	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: HEALTHY PARTNERSHIPS, INC.	Record ID: 480015CP
Legal Name: HEALTHY PARTNERSHIPS, INC.	Service Type: NON
Address: 255 NORTH LINCOLN STREET	Resident Capacity: 0
City, State: DIXON, CA 95620	Total Occupancy: 0
Phone #: (707)631-3336 Fax #: () -	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: KATARGEO	Record ID: 480028AN
Legal Name: KATARGEO	Service Type: NON
Address: 1652 C FAIRGROUNDS DRIVE	Resident Capacity: 0
City, State: VALLEJO, CA 94589	Total Occupancy: 0
Phone #: (707)557-7020	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: PHARMATOX	Record ID: 480016AP
Legal Name: PHARMATOX, INC.	Service Type: NON
Address: 1143 MISSOURI STREET	Resident Capacity: 0
City, State: FAIRFIELD, CA 94533	Total Occupancy: 0
Phone #: (707)435-8042	Target Population: 1.1
	Expiration Date 12/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Solano County

Program Name: RIO VISTA CARE	Record ID: 480012AN
Legal Name: RIO VISTA CARE, INC.	Service Type: NON
Address: 125 SACRAMENTO STREET	Resident Capacity: 0
City, State: RIO VISTA, CA 94571	Total Occupancy: 0
Phone #: (707)374-5243 Fax #: (707)374-5381	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: THE HOUSE OF ACTS ALCOHOL & SUBSTANCE ABUSE TEXAS PROGI	Record ID: 480010DN
Legal Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI	Service Type: RES
Address: 844 5TH STREET	Resident Capacity: 6
City, State: VALLEJO, CA 94589	Total Occupancy: 6
Phone #: (707)553-1042 Fax #: (707)553-8146	Target Population: 1.3
	Expiration Date 08/31/2008
Program Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI	Record ID: 480010CN
Legal Name: THE HOUSE OF ACTS ALCOHOL AND SUBSTANCE ABUSE TREATMEI	Service Type: RES
Address: 121 CARNATION CIRCLE	Resident Capacity: 10
City, State: VALLEJO, CA 94590	Total Occupancy: 10
Phone #: (707)553-1042	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Record ID: 480010AN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 627 GRANT STREET	Resident Capacity: 10
City, State: VALLEJO, CA 94590	Total Occupancy: 10
Phone #: (707)553-1042 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 02/28/2009
Program Name: THE HOUSE OF ACTS II	Record ID: 480010BN
Legal Name: THE HOUSE OF ACTS/SUBSTANCE ABUSE PROGRAM	Service Type: RES
Address: 115 TERI COURT	Resident Capacity: 10
City, State: VALLEJO, CA 94589	Total Occupancy: 10
Phone #: (707)643-8316 Fax #: (707)553-8146	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: THRESHOLD RESIDENTIAL CARE HOME, INC.	Record ID: 480030AN
Legal Name: THRESHOLD CARE HOME, INC.	Service Type: RES
Address: 69 BEVERLY DRIVE	Resident Capacity: 6
City, State: VALLEJO, CA 94590	Total Occupancy: 6
Phone #: (707)644-0272 Fax #: (707)644-0272	Target Population: 1.2
	Expiration Date 12/31/2008
Program Name: PROJECT AURORA/ADAPT	Record ID: 480007DN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 408 TENNESSEE STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (707)554-2397 Fax #: (707)554-2634	Target Population: 1.7
	Expiration Date 01/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Solano County

Program Name: YOUTH AND FAMILY SERVICES, INC. (OUTPATIENT ALCOHOL AND D	Record ID: 480007GN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 1017 TENNESSEE STREET	Resident Capacity: 0
City, State: VALLEJO, CA 94590	Total Occupancy: 0
Phone #: (701)647-1520 Fax #: (707)647-1513	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: YOUTH AND FAMILY SERVICES OUTPATIENT ALCOHOL AND DRUG	Record ID: 480007EN
Legal Name: YOUTH AND FAMILY SERVICES, INC.	Service Type: NON
Address: 1745 ENTERPRISE DRIVE, SUITE 1-64	Resident Capacity: 0
City, State: FAIRFIELD, CA 94533	Total Occupancy: 0
Phone #: (707)427-6640 Fax #: (707)427-6649	Target Population: 1.1
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sonoma County

Program Name: ANANDA INSTITUTE CHEMICAL DEPENDENCY RECOVERY PROGRA	Record ID: 490030AN
Legal Name: ANANDA INSTITUTE	Service Type: NON
Address: 401 SOUTH A STREET	Resident Capacity: 0
City, State: SANTA ROSA, CA 95401	Total Occupancy: 0
Phone #: (707)544-4441 Fax #: (707)544-4492	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION EARLY INTERV	Record ID: 490010EN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: NON
Address: 3315 AIRWAY DRIVE	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)523-2242	Target Population: 1.1
	Expiration Date 09/30/2009
Program Name: ATHENA HOUSE II	Record ID: 490010CN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: RES
Address: 1412 SLATER STREET	Resident Capacity: 6
City, State: SANTA ROSA, CA 95404	Total Occupancy: 6
Phone #: (707)566-3150 Fax #: (707)526-3250	Target Population: 1.3
	Expiration Date 02/29/2008
Program Name: ATHENA HOUSE	Record ID: 490010DN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: RES
Address: 1416 SLATER STREET	Resident Capacity: 6
City, State: SANTA ROSA, CA 95404	Total Occupancy: 6
Phone #: (707)526-3150 Fax #: (707)526-3250	Target Population: 1.3
	Expiration Date 08/31/2009
Program Name: ATHENA HOUSE	Record ID: 490010AN
Legal Name: CALIFORNIA HUMAN DEVELOPMENT CORPORATION	Service Type: RES
Address: 1539 HUMBOLDT STREET	Resident Capacity: 15
City, State: SANTA ROSA, CA 95404	Total Occupancy: 16
Phone #: (707)526-3150	Target Population: 1.3
	Expiration Date 06/30/2009
Program Name: CAMPOBELLO OUTPATIENT CENTER	Record ID: 490002BP
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.	Service Type: NON
Address: 2455 BENNETT VALLEY ROAD, C-III	Resident Capacity: 0
City, State: SANTA ROSA, CA 95404	Total Occupancy: 0
Phone #: (707)546-1547 Fax #: (707)546-1557	Target Population: 1.1
	Expiration Date 02/29/2008
Program Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER	Record ID: 490002AP
Legal Name: CAMPOBELLO CHEMICAL DEPENDENCY RECOVERY CENTER, INC.	Service Type: RES-DETOX
Address: 3250 GUERNEVILLE ROAD	Resident Capacity: 25
City, State: SANTA ROSA, CA 95401	Total Occupancy: 25
Phone #: (707)579-4066	Target Population: 1.1
	Expiration Date 08/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sonoma County

Program Name: A STEP UP	Record ID: 490031BN
Legal Name: COMMUNITY SUPPORT NETWORK	Service Type: DSS
Address: 420 EAST COTATI AVENUE	Resident Capacity: 0
City, State: COTATI, CA 94931	Total Occupancy: 0
Phone #: (707)795-4336 Fax #: (707)795-3306	Target Population: 1.1
Program Name: TURNING POINT	Record ID: 490009AN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: RES
Address: 920 ACACIA LANE	Resident Capacity: 35
City, State: SANTA ROSA, CA 95405	Total Occupancy: 35
Phone #: (707)571-2233	Target Population: 1.2
	Expiration Date 12/31/2007
Program Name: OUTPATIENT TREATMENT PROGRAM	Record ID: 490009BN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: NON
Address: 2403 PROFESSIONAL DRIVE, SUITE 101	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)571-2233	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: PERINATAL DAY TREATMENT	Record ID: 490009EN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: NON
Address: 2403 PROFESSIONAL DRIVE, SUITE 102	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)571-2233	Target Population: 1.4
	Expiration Date 04/30/2008
Program Name: TURNING POINT - ARROWOOD	Record ID: 490009RN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: RES
Address: 440 ARROWOOD DRIVE	Resident Capacity: 99
City, State: SANTA ROSA, CA 95407	Total Occupancy: 99
Phone #: (707)284-2950 Fax #: () -	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: DRUG ABUSE ALTERNATIVES CENTER - DRUG COURT	Record ID: 490009LN
Legal Name: DRUG ABUSE ALTERNATIVES CENTER	Service Type: NON
Address: 2230 PROFESSIONAL DRIVE	Resident Capacity: 0
City, State: SANTA ROSA, CA 95403	Total Occupancy: 0
Phone #: (707)571-2233 Fax #: (707)544-9011	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: CASA CALMECAC	Record ID: 490019AN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 857 DUTTON AVENUE	Resident Capacity: 18
City, State: SANTA ROSA, CA 95407	Total Occupancy: 18
Phone #: (707)573-0117	Target Population: 1.2
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sonoma County

Program Name: CASA TERESA RECOVERY HOME	Record ID: 490019BN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: RES
Address: 778 ROBINSON ROAD	Resident Capacity: 10
City, State: SEBASTOPOL, CA 95472	Total Occupancy: 20
Phone #: (707)829-9557 Fax #: (707)573-0109	Target Population: 1.4
	Expiration Date 09/30/2008
Program Name: MOUNTAIN VISTA FARM	Record ID: 490025AP
Legal Name: NEW VISTAS RECOVERY, INC.	Service Type: RES-DETOX
Address: 3020 WARM SPRINGS ROAD	Resident Capacity: 30
City, State: GLEN ELLEN, CA 95442	Total Occupancy: 35
Phone #: (707)996-6716 Fax #: (707)996-6647	Target Population: 1.1
	Expiration Date 04/30/2008
Program Name: SEQUOIA RECOVERY SERVICES	Record ID: 490028AP
Legal Name: PSYCHSTRATEGIES, INC., A PSYCHOLOGICAL CORPORATION	Service Type: NON
Address: 1330 NORTH DUTTON AVENUE, SUITE 100	Resident Capacity: 0
City, State: SANTA ROSA, CA 95401	Total Occupancy: 0
Phone #: (707)524-8144 Fax #: (707)526-8319	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: BOYS FACILITY	Record ID: 490011AN
Legal Name: R HOUSE	Service Type: DSS
Address: 429 SPEERS ROAD	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: GIRLS FACILITY #2	Record ID: 490011DN
Legal Name: R HOUSE	Service Type: DSS
Address: 5316 SAN LUIS AVENUE	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: WINDING CREEK GIRLS' FACILITY	Record ID: 490011EN
Legal Name: R HOUSE	Service Type: DSS
Address: 152 MIDDLE RINCON ROAD	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5
Program Name: GIRLS FACILITY #1	Record ID: 490011CN
Legal Name: R HOUSE	Service Type: DSS
Address: 5136 OAK PARK WAY	Resident Capacity: 0
City, State: SANTA ROSA, CA 95409	Total Occupancy: 0
Phone #: (707)539-2948	Target Population: 1.5

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sonoma County

Program Name:	ORENDA CENTER-RESIDENTIAL AND DETOXIFICATION	Record ID:	490003AN
Legal Name:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL	Service Type:	RES-DETOX
Address:	1430 NEOTOMAS AVENUE	Resident Capacity:	50
City, State:	SANTA ROSA, CA 95405	Total Occupancy:	50
Phone #:	(707)565-7460	Target Population:	1.1
		Expiration Date	06/30/2008
Program Name:	RUTH HOUSE	Record ID:	490003BN
Legal Name:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL	Service Type:	RES
Address:	1071 3RD STREET	Resident Capacity:	6
City, State:	SANTA ROSA, CA 95404	Total Occupancy:	6
Phone #:	(707)565-7487	Target Population:	1.2
		Expiration Date	06/30/2008
Program Name:	UNITY HOUSE	Record ID:	490003EN
Legal Name:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL	Service Type:	RES
Address:	920 WEST 8TH STREET	Resident Capacity:	6
City, State:	SANTA ROSA, CA 95401	Total Occupancy:	6
Phone #:	(707)528-4141	Target Population:	1.2
		Expiration Date	06/30/2008
Program Name:	ORENDA CENTER NONRESIDENTIAL PROGRAM	Record ID:	490003FN
Legal Name:	SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES, ALCOHOL	Service Type:	NON
Address:	1430 NEOTOMAS AVENUE	Resident Capacity:	0
City, State:	SANTA ROSA, CA 95405	Total Occupancy:	0
Phone #:	(707)565-7450	Target Population:	1.1
		Expiration Date	06/30/2008
Program Name:	SONOMA COUNTY INDIAN HEALTH PROJECT/BEHAVIOR HEALTH	Record ID:	490032AN
Legal Name:	SONOMA COUNTY INDIAN HEALTH PROJECT, INC.	Service Type:	NON
Address:	144 STONY POINT ROAD, 2ND FLOOR IS FOR BEHAVIORAL HEAL	Resident Capacity:	0
City, State:	SANTA ROSA, CA 95401	Total Occupancy:	0
Phone #:	(707)521-4550	Target Population:	1.1
Fax #:	(707)544-1092	Expiration Date	04/30/2009
Program Name:	ST. ANTHONY FARM	Record ID:	490015AN
Legal Name:	ST. ANTHONY FOUNDATION	Service Type:	RES
Address:	11207 VALLEY FORD ROAD	Resident Capacity:	46
City, State:	PETALUMA, CA 94952	Total Occupancy:	46
Phone #:	(707)794-7120	Target Population:	1.1
Fax #:	(707)795-2305	Expiration Date	06/30/2009
Program Name:	AZURE ACRES	Record ID:	490021AP
Legal Name:	THE CAMP RECOVERY CENTERS, L.P.	Service Type:	RES-DETOX
Address:	2264 GREEN HILL ROAD	Resident Capacity:	28
City, State:	SEBASTOPOL, CA 95472	Total Occupancy:	28
Phone #:	(707)823-3385	Target Population:	1.1
		Expiration Date	12/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Sonoma County

As of: 11/06/2007

Program Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE
Legal Name: WOMEN'S RECOVERY SERVICES, A UNIQUE PLACE
Address: 98, 112, 120, AND 140 HENDLEY STREET
City, State: SANTA ROSA, CA 95404
Phone #: (707)527-0412 Fax #: (707)527-6048

Record ID: 490004EN
Service Type: RES
Resident Capacity: 20
Total Occupancy: 32
Target Population: 1.4
Expiration Date 02/29/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Stanislaus County

Program Name: INSIGHT SOLUTIONS	Record ID: 500019AP
Legal Name: ANDERSON, CRAIG	Service Type: NON
Address: 1400 FLORIDA AVENUE, SUITE 107	Resident Capacity: 0
City, State: MODESTO, CA 95350	Total Occupancy: 0
Phone #: (209)602-4431	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: THE LIVING CENTER	Record ID: 500013AP
Legal Name: ELAN SENIOR LIVING, INC.	Service Type: RES-DETOX
Address: 821 E STREET	Resident Capacity: 40
City, State: PATTERSON, CA 95363	Total Occupancy: 40
Phone #: (209)892-3487	Target Population: 1.1
Fax #: (209)892-1387	Expiration Date 03/31/2008
Program Name: THE LIVING CENTER	Record ID: 500013BP
Legal Name: ELAN SENIOR LIVING, INC.	Service Type: NON
Address: 821 E STREET	Resident Capacity: 0
City, State: PATTERSON, CA 95363	Total Occupancy: 0
Phone #: (209)892-3487	Target Population: 1.1
Fax #: (209)892-1387	Expiration Date 09/30/2008
Program Name: NEW HOPE RECOVERY HOUSE	Record ID: 500004AP
Legal Name: GENE RADINO	Service Type: RES-DETOX
Address: 823 EAST ORANGEBURG AVENUE	Resident Capacity: 40
City, State: MODESTO, CA 95350	Total Occupancy: 40
Phone #: (209)527-9797	Target Population: 1.1
Fax #: (209)527-9825	Expiration Date 09/30/2008
Program Name: RECOVERY SYSTEMS ASSOCIATES	Record ID: 500004BP
Legal Name: GENE RADINO	Service Type: NON
Address: 823 EAST ORANGEBURG	Resident Capacity: 0
City, State: MODESTO, CA 95350	Total Occupancy: 0
Phone #: (209)527-2046	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: TEEN RECOVERY CENTER-MODESTO	Record ID: 500016AN
Legal Name: MENTAL HEALTH SYSTEMS, INC.	Service Type: NON
Address: 330 MCHENRY AVENUE, SUITE C	Resident Capacity: 0
City, State: MODESTO, CA 95354	Total Occupancy: 0
Phone #: (209)577-3595	Target Population: 1.1
Fax #: () -	Expiration Date 05/31/2009
Program Name: OCCUPATIONAL HEALTH SERVICES	Record ID: 500012AP
Legal Name: MHN SERVICES	Service Type: NON
Address: 2260 FLOYD AVENUE, SUITE 100	Resident Capacity: 0
City, State: MODESTO, CA 95355	Total Occupancy: 0
Phone #: (209)527-8070	Target Population: 1.1
Fax #: (209)523-0429	Expiration Date 05/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Stanislaus County

Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE	Record ID: 500009GN
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM	Service Type: RES-DETOX
Address: 1116 ALICE STREET	Resident Capacity: 6
City, State: MODESTO, CA 95351	Total Occupancy: 6
Phone #: (209)524-1829	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: NIRVANA DRUG AND ALCOHOL INSTITUTE	Record ID: 500009FN
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM	Service Type: NON
Address: 1028 RENO STREET	Resident Capacity: 0
City, State: MODESTO, CA 95351	Total Occupancy: 0
Phone #: (209)579-1103 Fax #: (209)527-6840	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: NIRVANA DRUG AND ALCOHOL WOMEN OF HOPE	Record ID: 500009HN
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM	Service Type: RES
Address: 1116 1/2 ALICE STREET	Resident Capacity: 6
City, State: MODESTO, CA 95351	Total Occupancy: 6
Phone #: (209)524-1829	Target Population: 1.3
	Expiration Date 04/30/2008
Program Name: NIRVANA DRUG & ALCOHOL TREATMENT INSTITUTE	Record ID: 500009EN
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM	Service Type: RES-DETOX
Address: 1028 RENO STREET	Resident Capacity: 30
City, State: MODESTO, CA 95351	Total Occupancy: 30
Phone #: (209)579-1103 Fax #: (209)578-1085	Target Population: 1.1
	Expiration Date 11/30/2008
Program Name: NIRVANA DRUG AND ALCOHOL TREATMENT INSTITUTE	Record ID: 500009CN
Legal Name: NIRVANA DRUG AND ALCOHOL TREATMENT PROGRAM	Service Type: NON
Address: 948 11TH STREET, SUITE 23	Resident Capacity: 0
City, State: MODESTO, CA 95354	Total Occupancy: 0
Phone #: (209)579-1151 Fax #: (209)579-9605	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: NEW DIRECTION COMMUNITY COUNSELING CENTER	Record ID: 500020AP
Legal Name: NUNEZ, DAMIAN	Service Type: NON
Address: 419 TULLY ROAD	Resident Capacity: 0
City, State: MODESTO, CA 95350	Total Occupancy: 0
Phone #: (209)521-3040 Fax #: (209)521-3041	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: STANISLAUS RECOVERY CENTER: PERINATAL RESIDENTIAL TREAT	Record ID: 500011AN
Legal Name: SIERRA VISTA CHILD AND FAMILY SERVICES	Service Type: RES
Address: 1904 RICHLAND AVENUE, PERINATAL TREATMENT BUILDING 1	Resident Capacity: 13
City, State: CERES, CA 95307	Total Occupancy: 39
Phone #: (209)523-4573 Fax #: (209)550-5866	Target Population: 1.4
	Expiration Date 07/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Stanislaus County

Program Name:	STANISLAUS RECOVERY CENTER - ADULT NON-RESIDENTIAL	Record ID:	500002FN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICE	Service Type:	NON
Address:	1904 RICHLAND AVENUE	Resident Capacity:	0
City, State:	CERES, CA 95307	Total Occupancy:	0
Phone #:	(209)541-2121	Target Population:	1.1
Fax #:	(209)525-6291	Expiration Date:	07/31/2009
Program Name:	PATTERSON WESTSIDE RESOURCE CENTER	Record ID:	500014FN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	NON
Address:	118 NORTH SECOND STREET	Resident Capacity:	0
City, State:	PATTERSON, CA 95363	Total Occupancy:	0
Phone #:	(209)892-6688	Target Population:	1.1
		Expiration Date:	10/31/2008
Program Name:	TURLOCK REGIONAL SERVICES	Record ID:	500014BN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	NON
Address:	2101 GEER ROAD, SUITE 120	Resident Capacity:	0
City, State:	TURLOCK, CA 95380	Total Occupancy:	0
Phone #:	(209)664-8044	Target Population:	1.1
Fax #:	(209)664-8036	Expiration Date:	10/31/2008
Program Name:	STANISLAUS RECOVERY CENTER	Record ID:	500002EN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	RES-DETOX
Address:	1904 RICHLAND AVENUE, ADULT TREATMENT BUILDING	Resident Capacity:	69
City, State:	CERES, CA 95307	Total Occupancy:	72
Phone #:	(209)541-2912	Target Population:	1.1
		Expiration Date:	07/31/2009
Program Name:	WEST MODESTO REGIONAL SERVICES	Record ID:	500014EN
Legal Name:	STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICE	Service Type:	NON
Address:	1100 KANSAS AVENUE, SUITE A	Resident Capacity:	0
City, State:	MODESTO, CA 95351	Total Occupancy:	0
Phone #:	(209)558-7475	Target Population:	1.1
Fax #:	(209)558-4042	Expiration Date:	10/31/2008
Program Name:	MORNINGSTAR - A DAD'S PLACE	Record ID:	500017AN
Legal Name:	THE SOLIDARITY FELLOWSHIP	Service Type:	RES
Address:	7519 WEST MAIN STREET	Resident Capacity:	6
City, State:	TURLOCK, CA 95380	Total Occupancy:	10
Phone #:	(209)656-8910	Target Population:	1.2
Fax #:	(209)892-2656	Expiration Date:	06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Sutter County

Program Name: RE-ENTRY RESIDENTIAL

Legal Name: RE-ENTRY, INC.

Address: 8851 GARDEN HIGHWAY

City, State: YUBA CITY, CA 95993

Phone #: (530)751-7561 Fax #: (530)885-4509

Record ID: 510003AP

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.2

Expiration Date 04/30/2009

Program Name: SOLID HEART RECOVERY

Legal Name: SOLID HEART RECOVERY

Address: 1932 FRANKLIN ROAD

City, State: YUBA CITY, CA 95993

Phone #: (530)673-4780 Fax #: (530)673-1680

Record ID: 510003AN

Service Type: RES

Resident Capacity: 6

Total Occupancy: 6

Target Population: 1.3

Expiration Date 04/30/2009

Program Name: FIRST STEPS PERINATAL DAY TREATMENT PROGRAM

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1251 EAST ONSTOTT ROAD

City, State: YUBA CITY, CA 95991

Phone #: (530)822-7263 Fax #: (530)822-7267

Record ID: 510002CN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.3

Expiration Date 11/30/2008

Program Name: OPTIONS FOR CHANGE SUBSTANCE ABUSE PROGRAM

Legal Name: SUTTER-YUBA MENTAL HEALTH SERVICES

Address: 1965 LIVE OAK BOULEVARD

City, State: YUBA CITY, CA 95992

Phone #: (530)822-7200 Fax #: (530)822-7108

Record ID: 510002BN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 06/30/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tehama County

Program Name: BONDAGE BREAKER RECOVERY SERVICE	Record ID: 520003AN
Legal Name: BONDAGE BREAKER RECOVERY SERVICE	Service Type: RES
Address: 224 ASH STREET	Resident Capacity: 8
City, State: RED BLUFF, CA 96080	Total Occupancy: 8
Phone #: (530)529-0634	Target Population: 1.2
	Expiration Date 04/30/2008
Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO	Record ID: 520002AN
Legal Name: TEHAMA COUNTY HEALTH AGENCY	Service Type: NON
Address: 22840 ANTELOPE BOULEVARD	Resident Capacity: 0
City, State: RED BLUFF, CA 96080	Total Occupancy: 0
Phone #: (530)527-7893 Fax #: (530)527-0766	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO	Record ID: 520002CN
Legal Name: TEHAMA COUNTY HEALTH AGENCY	Service Type: NON
Address: 22840 ANTELOPE BOULEVARD	Resident Capacity: 0
City, State: RED BLUFF, CA 96080	Total Occupancy: 0
Phone #: (530)385-2042 Fax #: (530)385-2707	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: TEHAMA COUNTY HEALTH AGENCY DRUG AND ALCOHOL DIVISIO	Record ID: 520002BN
Legal Name: TEHAMA COUNTY HEALTH AGENCY	Service Type: NON
Address: 1600 SOLANO AVENUE, SUITE D	Resident Capacity: 0
City, State: CORNING, CA 96021	Total Occupancy: 0
Phone #: (530)824-4890 Fax #: (530)824-8443	Target Population: 1.1
	Expiration Date 05/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

Trinity County

As of: 11/06/2007

Program Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Legal Name: TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES

Address: 61 AIRPORT ROAD

City, State: WEAVERVILLE, CA 96093

Phone #: (530)623-1820 Fax #: (530)623-4448

Record ID: 530001AN

Service Type: NON

Resident Capacity: 0

Total Occupancy: 0

Target Population: 1.1

Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tulare County

Program Name: A SOLUTION THRU TREATMENT, EDUCATION AND PREVENTION, IN	Record ID: 540027DN
Legal Name: A SOLUTION THRU TREATMENT, EDUCATION AND PREVENTION, IN	Service Type: NON
Address: 287 NORTH HOCKETT STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (877)382-7837 Fax #: (559)783-8864	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: ALTERNATIVE SERVICES	Record ID: 540024DP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 2223 NORTH SHIRK ROAD, SUITE A	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)651-8090 Fax #: (559)651-8099	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: ALTERNATIVE SERVICES	Record ID: 540024EP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 125 SOUTH M STREET	Resident Capacity: 0
City, State: TULARE, CA 93274	Total Occupancy: 0
Phone #: (559)685-8283	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: ALTERNATIVE SERVICES	Record ID: 540024AP
Legal Name: ALTERNATIVE SERVICES, INC.	Service Type: NON
Address: 215 NORTH D STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)783-2402	Target Population: 1.5
	Expiration Date 02/29/2008
Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D	Record ID: 540024BN
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.	Service Type: NON
Address: 2223 NORTH SHIRK ROAD, SUITE B	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)651-8090 Fax #: (559)651-8099	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D	Record ID: 540024CN
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.	Service Type: NON
Address: 125 SOUTH "M" STREET	Resident Capacity: 0
City, State: TULARE, CA 93274	Total Occupancy: 0
Phone #: (559)685-8283	Target Population: 1.1
	Expiration Date 05/31/2008
Program Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT C.A.D	Record ID: 540024FN
Legal Name: COMMUNITY ALCOHOL AND DRUG REHABILITATION EFFORT, INC.	Service Type: NON
Address: 215 NORTH "D" STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)783-2402 Fax #: (559)783-2316	Target Population: 1.1
	Expiration Date 05/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tulare County

Program Name: COURAGE TO CHANGE	Record ID: 540014AN
Legal Name: COURAGE TO CHANGE	Service Type: RES
Address: 1230 ANDERSON ROAD	Resident Capacity: 0
City, State: EXETER, CA 93221	Total Occupancy: 0
Phone #: (559)594-4855	Target Population: 1.5
Program Name: KAWEAH DELTA FAMILY RECOVERY CENTER	Record ID: 540025AN
Legal Name: KAWEAH DELTA HEALTH CARE DISTRICT	Service Type: NON
Address: 1100 SOUTH AKERS ROAD	Resident Capacity: 0
City, State: VISALIA, CA 93277	Total Occupancy: 0
Phone #: (559)624-3381 Fax #: (559)741-4726	Target Population: 1.8
	Expiration Date 01/31/2009
Program Name: NUEVO COMIENZO - SITE 2	Record ID: 540026BN
Legal Name: LATINO COMMISSION ON ALCOHOL AND DRUG ABUSE SERVICES O	Service Type: NON
Address: 40472 ROAD 128	Resident Capacity: 0
City, State: CUTLER, CA 93615	Total Occupancy: 0
Phone #: (560)528-6620 Fax #: (559)528-6826	Target Population: 1.1
	Expiration Date 12/31/2008
Program Name: PIONEER TWELVE STEP OUTPATIENT YOUTH PROGRAM	Record ID: 540029AN
Legal Name: PIONEER HOME OUTREACH, INC.	Service Type: NON
Address: 317 W. HENDERSON AVENUE	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)781-8585 Fax #: (559)791-0183	Target Population: 1.5
	Expiration Date 02/29/2008
Program Name: THE PAAR CENTER	Record ID: 540001HN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: RES-DETOX
Address: 218, APTS. B AND C WEST BELLEVIEW AVENUE AND 509 NORTH	Resident Capacity: 69
City, State: PORTERVILLE, CA 93257	Total Occupancy: 69
Phone #: (559)781-0107 Fax #: () -	Target Population: 1.2
	Expiration Date 11/30/2008
Program Name: PAAR CENTER WEST	Record ID: 540001CN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: RES
Address: 182 WEST BELLEVIEW AVENUE	Resident Capacity: 12
City, State: PORTERVILLE, CA 93257	Total Occupancy: 12
Phone #: (559)781-0107	Target Population: 1.3
	Expiration Date 07/31/2009
Program Name: THE PAAR CENTER	Record ID: 540001FN
Legal Name: PORTERVILLE HALFWAY HOUSE	Service Type: NON
Address: 509 NORTH EL GRANITO STREET	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)781-0107 Fax #: (559)781-7521	Target Population: 1.1
	Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tulare County

Program Name: EL PRIMER PASO	Record ID: 540009BN
Legal Name: PRIMER PASO INSTITUTE, INC.	Service Type: RES
Address: 1328 AND 1350 BUILDING A, SOUTH CROWE STREET	Resident Capacity: 24
City, State: VISALIA, CA 93277	Total Occupancy: 28
Phone #: (559)734-6042	Target Population: 1.2
	Expiration Date 11/30/2007
Program Name: ANGELA'S HOUSE	Record ID: 540009CN
Legal Name: PRIMER PASO INSTITUTE, INC.	Service Type: RES
Address: 1300 SOUTH CROWE STREET	Resident Capacity: 8
City, State: VISALIA, CA 93277	Total Occupancy: 28
Phone #: (559)734-5480 Fax #: (559)734-5783	Target Population: 1.4
	Expiration Date 04/30/2009
Program Name: PRIMER PASO INSTITUTE, INC.	Record ID: 540009DN
Legal Name: PRIMER PASO INSTITUTE, INC.	Service Type: NON
Address: 2148 EAST EL MONTE WAY	Resident Capacity: 0
City, State: DINUBA, CA 93618	Total Occupancy: 0
Phone #: (559)595-9879 Fax #: (559)595-9878	Target Population: 1.1
	Expiration Date 05/31/2009
Program Name: RECOVERY RESOURCES (3) PORTERVILLE OFFICE	Record ID: 540030AP
Legal Name: RECOVERY RESOURCES	Service Type: NON
Address: 287 NORTH HOCKETT STREET, "B"	Resident Capacity: 0
City, State: PORTERVILLE, CA 93267	Total Occupancy: 0
Phone #: (877)382-7837 Fax #: (559)783-8864	Target Population: 1.1
	Expiration Date 09/30/2008
Program Name: RECOVERY RESOURCES	Record ID: 540020AP
Legal Name: RICK AND JERRI THOMPSON, D.B.A., RECOVERY RESOURCES	Service Type: NON
Address: 213 NORTH WEST STREET	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)625-8176 Fax #: (559)625-8179	Target Population: 1.1
	Expiration Date 04/30/2009
Program Name: SRS RECOVERY SERVICES	Record ID: 540028AP
Legal Name: SRS RECOVERY SERVICE LLC	Service Type: NON
Address: 515 WEST MURRAY, SUITE B & C	Resident Capacity: 0
City, State: VISALIA, CA 93291	Total Occupancy: 0
Phone #: (559)636-2091 Fax #: (559)636-9452	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: SRS RECOVERY SERVICE	Record ID: 540028BP
Legal Name: SRS RECOVERY SERVICE, LLC	Service Type: NON
Address: 130 EAST MILL	Resident Capacity: 0
City, State: PORTERVILLE, CA 93257	Total Occupancy: 0
Phone #: (559)789-9881 Fax #: (559)789-9877	Target Population: 1.1
	Expiration Date 12/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tulare County

Program Name: PINE RECOVERY CENTER	Record ID: 540031BN
Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Service Type: RES-DETOX
Address: 120 WEST SCHOOL AVENUE	Resident Capacity: 27
City, State: VISALIA, CA 93291	Total Occupancy: 27
Phone #: (559)625-2995 Fax #: (559)625-3808	Target Population: 1.2
	Expiration Date 08/31/2009
Program Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Record ID: 540031AN
Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Service Type: RES
Address: 1425-B EAST WALNUT AVENUE	Resident Capacity: 6
City, State: VISALIA, CA 93292	Total Occupancy: 6
Phone #: (559) - Fax #: (559)625-3808	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: MOTHERING HEIGHTS	Record ID: 540031DN
Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Service Type: RES
Address: 705 SOUTH COURT STREET	Resident Capacity: 10
City, State: VISALIA, CA 93277	Total Occupancy: 23
Phone #: (559)625-2995 Fax #: (559)625-3808	Target Population: 1.4
	Expiration Date 10/31/2009
Program Name: NEW HEIGHTS	Record ID: 540031EN
Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Service Type: NON
Address: 730 WEST MURRAY	Resident Capacity: 0
City, State: VISALIA, CA 93277	Total Occupancy: 0
Phone #: (559)732-4885 Fax #: (559)625-3808	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: NEW VISIONS FOR WOMEN	Record ID: 540031CN
Legal Name: TULARE COUNTY ALCOHOLISM COUNCIL, INC.	Service Type: RES-DETOX
Address: 1425-A EAST WALNUT AVENUE	Resident Capacity: 17
City, State: VISALIA, CA 93277	Total Occupancy: 17
Phone #: (559)625-4072 Fax #: (559)625-3808	Target Population: 1.3
	Expiration Date 05/31/2008
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 540002HN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 132 NORTH VALLEY OAKS DRIVE	Resident Capacity: 0
City, State: VISALIA, CA 93292	Total Occupancy: 0
Phone #: (559)737-4660	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID: 540002GN
Legal Name: TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type: NON
Address: 1062 SOUTH K STREET, SECOND FLOOR	Resident Capacity: 0
City, State: TULARE, CA 93274	Total Occupancy: 0
Phone #: (559)737-4660 Fax #: (559)730-2788	Target Population: 1.1
	Expiration Date 02/28/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tulare County

Program Name:	TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID:	540002IN
Legal Name:	TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type:	NON
Address:	1055 WEST HENDERSON, SUITE 4	Resident Capacity:	0
City, State:	PORTERVILLE, CA 93257	Total Occupancy:	0
Phone #:	(559)737-4660	Target Population:	1.1
		Expiration Date	02/28/2009
Program Name:	TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY - FAMIL	Record ID:	540002JN
Legal Name:	TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY	Service Type:	NON
Address:	1066 NORTH ALTA	Resident Capacity:	0
City, State:	DINUBA, CA 93618	Total Occupancy:	0
Phone #:	(559)737-4660	Target Population:	1.1
		Expiration Date	02/28/2009
Program Name:	TURNING POINT YOUTH SERVICES	Record ID:	540005BN
Legal Name:	TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type:	NON
Address:	220 NORTH LOCUST STREET	Resident Capacity:	0
City, State:	VISALIA, CA 93291	Total Occupancy:	0
Phone #:	(559)627-1385	Target Population:	1.5
Fax #:	(559)636-2105	Expiration Date	06/30/2009
Program Name:	TURNING POINT VISALIA RE-ENTRY CENTER	Record ID:	540005DN
Legal Name:	TURNING POINT OF CENTRAL CALIFORNIA, INC.	Service Type:	RES
Address:	1845 SOUTH COURT STREET	Resident Capacity:	16
City, State:	VISALIA, CA 93277	Total Occupancy:	35
Phone #:	(559)732-5550	Target Population:	1.1
Fax #:	(559)732-5574	Expiration Date	03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Tuolumne County

Program Name: KINGS VIEW - TUOLUMNE COUNTY BEHAVIORAL HEALTH & RECOV	Record ID: 550002AN
Legal Name: KINGS VIEW CORPORATION	Service Type: NON
Address: 12801 CABEZUT ROAD	Resident Capacity: 0
City, State: SONORA, CA 95370	Total Occupancy: 0
Phone #: (209)533-3553 Fax #: (209)536-1948	Target Population: 1.8
	Expiration Date 11/30/2007
Program Name: KINGS VIEW - TUOLUMNE COUNTY BEHAVIORAL HEALTH & RECOV	Record ID: 550002BN
Legal Name: KINGS VIEW CORPORATION	Service Type: NON
Address: 197 MONO WAY	Resident Capacity: 0
City, State: SONORA, CA 95370	Total Occupancy: 0
Phone #: (209)588-9528 Fax #: (209)533-5415	Target Population: 1.9
	Expiration Date 11/30/2007
Program Name: THE RANCH	Record ID: 550001AP
Legal Name: MAYNORD'S CHEMICAL DEPENDENCY RECOVERY CENTER	Service Type: RES-DETOX
Address: 19325 CHEROKEE ROAD	Resident Capacity: 30
City, State: TUOLUMNE, CA 95379	Total Occupancy: 30
Phone #: (209)928-3737	Target Population: 1.1
	Expiration Date 12/31/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Ventura County

Program Name: SANTA PAULA - THE FARM	Record ID: 560026CP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: DSS
Address: 15005 FAULKNER ROAD	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)933-1219 Fax #: (661)297-9701	Target Population: 1.1
Program Name: ACTION FAMILY COUNSELING CENTERS - SIMI VALLEY	Record ID: 560026AP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 1736 ERRINGER ROAD, SUITE 100	Resident Capacity: 0
City, State: SIMI VALLEY, CA 93065	Total Occupancy: 0
Phone #: (800)367-8336 Fax #: (661)297-9701	Target Population: 1.5
	Expiration Date 11/30/2008
Program Name: ACTION FAMILY COUNSELING CENTERS - OXNARD	Record ID: 560026BP
Legal Name: ACTION FAMILY COUNSELING, INC.	Service Type: NON
Address: 2640 SADDLE AVENUE	Resident Capacity: 0
City, State: OXNARD, CA 93030	Total Occupancy: 0
Phone #: (805)278-8992 Fax #: (661)297-9701	Target Population: 1.5
	Expiration Date 11/30/2008
Program Name: CASA DE VIDA, INC.	Record ID: 560035AN
Legal Name: CASA DE VIDA, INC.	Service Type: RES
Address: 531 WEST BARD ROAD	Resident Capacity: 6
City, State: OXNARD, CA 93033	Total Occupancy: 6
Phone #: (805)486-8401 Fax #: (805)486-8401	Target Population: 1.2
	Expiration Date 06/30/2008
Program Name: ALTERNATIVE ACTION PROGRAMS	Record ID: 560028AP
Legal Name: DENNIS M. GIROUX AND ASSOCIATES, INC.	Service Type: NON
Address: 2575 WAGON WHEEL ROAD	Resident Capacity: 0
City, State: OXNARD, CA 93030	Total Occupancy: 0
Phone #: (805)988-1112 Fax #: (805)988-4883	Target Population: 1.1
	Expiration Date 08/31/2008
Program Name: SIMI OAKS ALCOHOL AND DRUG PROGRAM	Record ID: 560031AP
Legal Name: ERNEST WILSON FEDERER, III, PH.D.	Service Type: NON
Address: 2345 ERRINGER ROAD, SUITE 106	Resident Capacity: 0
City, State: SIMI VALLEY, CA 93065	Total Occupancy: 0
Phone #: (805)581-9330 Fax #: (805)581-9330	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: GENESIS PROGRAMS, INC.	Record ID: 560032AP
Legal Name: GENESIS PROGRAMS, INC.	Service Type: NON
Address: 1650 PALMA DRIVE, SUITE 208	Resident Capacity: 0
City, State: VENTURA, CA 93003	Total Occupancy: 0
Phone #: (805)650-3094 Fax #: (805)650-3097	Target Population: 1.1
	Expiration Date 06/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Ventura County

Program Name: GENESIS PROGRAMS, INC.
Legal Name: GENESIS PROGRAMS, INC.
Address: 145 HODENCAMP ROAD, SUITE 207
City, State: THOUSAND OAKS, CA 91360
Phone #: (805)497-6169 Fax #: (805)497-6179

Record ID: 560032BP
Service Type: NON
Resident Capacity: 0
Total Occupancy: 0
Target Population: 1.1
Expiration Date 06/30/2008

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-C WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004JN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 05/31/2009

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 277 A WEST HARRISON AVENUE
City, State: VENTURA, CA 93001
Phone #: (805)648-9762

Record ID: 560004EN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2008

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-D WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004MN
Service Type: RES
Resident Capacity: 4
Total Occupancy: 4
Target Population: 1.2
Expiration Date 05/31/2009

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-B WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004LN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2009

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 125-A WEST HARRISON STREET
City, State: VENTURA, CA 93001
Phone #: (805)653-2596 Fax #: (805)648-9762

Record ID: 560004KN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 05/31/2009

Program Name: KHEPERA HOUSE
Legal Name: KHEPERA HOUSE
Address: 108 WEST HARRISON AVENUE
City, State: VENTURA, CA 93001
Phone #: (805)653-2596

Record ID: 560004DN
Service Type: RES
Resident Capacity: 6
Total Occupancy: 6
Target Population: 1.2
Expiration Date 09/30/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Ventura County

Program Name: KHEPERA HOUSE	Record ID: 560004FN
Legal Name: KHEPERA HOUSE	Service Type: RES
Address: 277 B WEST HARRISON AVENUE	Resident Capacity: 4
City, State: VENTURA, CA 93001	Total Occupancy: 4
Phone #: (805)648-9762	Target Population: 1.2
	Expiration Date 09/30/2008
Program Name: MIRACLE HOUSE	Record ID: 560007AN
Legal Name: MIRACLE HOUSE, INC.	Service Type: RES
Address: 94 SOUTH ANACAPA STREET	Resident Capacity: 6
City, State: VENTURA, CA 93001	Total Occupancy: 6
Phone #: (805)648-4783 Fax #: (805)648-7540	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: MIRACLES FOR MOMS AND MIRACLE RECOVERY DAY TREATMENT	Record ID: 560007IN
Legal Name: MIRACLE HOUSE, INC.	Service Type: NON
Address: 1056 META STREET, SUITE 3	Resident Capacity: 0
City, State: VENTURA, CA 93001	Total Occupancy: 0
Phone #: (805)653-6859 Fax #: (805)653-6944	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: MIRACLES FOR MOMS AND MIRACLE RECOVERY DAY TREATMENT	Record ID: 560007HN
Legal Name: MIRACLE HOUSE, INC.	Service Type: NON
Address: 121 DAVIS STREET	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)525-7789 Fax #: (805)525-9410	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: MIRACLE HOUSE	Record ID: 560007CN
Legal Name: MIRACLE HOUSE, INC.	Service Type: RES
Address: 92 SOUTH ANACAPA STREET	Resident Capacity: 4
City, State: VENTURA, CA 93001	Total Occupancy: 4
Phone #: (805)648-4783 Fax #: (805)648-4141	Target Population: 1.3
	Expiration Date 03/31/2009
Program Name: NEW SEASONS RECOVERY, INC.	Record ID: 560034AP
Legal Name: NEW SEASONS RECOVERY, INC.	Service Type: RES-DETOX
Address: 224 EAST CLARA STREET	Resident Capacity: 90
City, State: PORT HUENEME, CA 93041	Total Occupancy: 90
Phone #: (805)986-2820 Fax #: (805)986-2821	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVIC	Record ID: 560033AN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 72 MOODY COURT	Resident Capacity: 0
City, State: THOUSAND OAKS, CA 91360	Total Occupancy: 0
Phone #: (626)254-5000 Fax #: (626)294-1077	Target Population: 1.1
	Expiration Date 10/31/2009

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Ventura County

Program Name: PACIFIC CLINICS SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES	Record ID: 560033BN
Legal Name: PACIFIC CLINICS	Service Type: NON
Address: 1911 WILLIAMS DRIVE	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (626)254-5000 Fax #: (626)294-1077	Target Population: 1.1
	Expiration Date 10/31/2009
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015BN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 450 ROSEWOOD AVENUE, SUITES 215 AND 217	Resident Capacity: 0
City, State: CAMARILLO, CA 93010	Total Occupancy: 0
Phone #: (805)482-1265	Target Population: 1.7
	Expiration Date 06/30/2009
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015FN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 196 NORTH ASHWOOD AVENUE	Resident Capacity: 0
City, State: VENTURA, CA 93003	Total Occupancy: 0
Phone #: (805)482-1265	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015GN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 1048 WEST VENTURA STREET	Resident Capacity: 0
City, State: FILLMORE, CA 93015	Total Occupancy: 0
Phone #: (805)482-1265	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015EN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 1029 EAST SANTA PAULA STREET	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)482-1265	Target Population: 1.5
	Expiration Date 06/30/2009
Program Name: PDAP OF VENTURA COUNTY, INCORPORATED	Record ID: 560015CN
Legal Name: PDAP OF VENTURA COUNTY, INCORPORATED	Service Type: NON
Address: 940 EAST MAIN STREET	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)525-6616	Target Population: 1.7
	Expiration Date 06/30/2009
Program Name: PROTOTYPES WOMEN'S CENTER - VENTURA	Record ID: 560019CN
Legal Name: PROTOTYPES, A CENTER FOR INNOVATION IN HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE	Service Type: RES
Address: 2150 NORTH VICTORIA AVENUE	Resident Capacity: 30
City, State: OXNARD, CA 93036	Total Occupancy: 60
Phone #: (805)382-6296	Target Population: 1.4
	Expiration Date 09/30/2007

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Ventura County

Program Name: INTERVENTION INSTITUTE	Record ID: 560027AP
Legal Name: SANDERS, LAURIE	Service Type: NON
Address: 1125-B BUSINESS CENTER CIRCLE	Resident Capacity: 0
City, State: THOUSAND OAKS, CA 91320	Total Occupancy: 0
Phone #: (805)379-3611 Fax #: (805)446-4470	Target Population: 1.1
	Expiration Date 06/30/2009
Program Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED	Record ID: 560002AN
Legal Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED	Service Type: NON
Address: 951 EAST MAIN STREET	Resident Capacity: 0
City, State: SANTA PAULA, CA 93060	Total Occupancy: 0
Phone #: (805)525-9392	Target Population: 1.1
	Expiration Date 12/31/2007
Program Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED	Record ID: 560002EN
Legal Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED	Service Type: NON
Address: 355 CENTRAL AVENUE	Resident Capacity: 0
City, State: FILLMORE, CA 93015	Total Occupancy: 0
Phone #: (805)524-5170	Target Population: 1.7
	Expiration Date 11/30/2008
Program Name: JOSHUA HOUSE	Record ID: 560002FN
Legal Name: SANTA CLARA VALLEY ALCOHOLISM SERVICE UNITED	Service Type: RES
Address: 404 EAST MAIN STREET	Resident Capacity: 15
City, State: SANTA PAULA, CA 93060	Total Occupancy: 16
Phone #: (805)525-9392 Fax #: (805)525-4983	Target Population: 1.2
	Expiration Date 03/31/2008
Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL	Record ID: 560003BN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH ALCOHOL & DRUG PROC	Service Type: NON
Address: 24 EAST MAIN STREET	Resident Capacity: 0
City, State: VENTURA, CA 93001	Total Occupancy: 0
Phone #: (805)652-7823	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT ALCOHOL	Record ID: 560003AN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH ALCOHOL AND DRUG PR	Service Type: NON
Address: 3150 EAST LOS ANGELES AVENUE	Resident Capacity: 0
City, State: SIMI VALLEY, CA 93063	Total Occupancy: 0
Phone #: (805)577-0830	Target Population: 1.1
	Expiration Date 11/30/2007
Program Name: OXNARD CENTER	Record ID: 560003CN
Legal Name: VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOI	Service Type: NON
Address: 1911 WILLIAMS DRIVE	Resident Capacity: 0
City, State: OXNARD, CA 93036	Total Occupancy: 0
Phone #: (805)981-9200	Target Population: 1.1
	Expiration Date 10/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Ventura County

Program Name:	A NEW START FOR MOMS	Record ID:	560003DN
Legal Name:	VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT, ALCOHOL AND DRUG PROGRAMS	Service Type:	NON
Address:	1911 WILLIAMS DRIVE, SUITE 140	Resident Capacity:	0
City, State:	OXNARD, CA 93036	Total Occupancy:	0
Phone #:	(805)981-9250	Target Population:	1.3
		Expiration Date	10/31/2008
Program Name:	CASA LATINA RESIDENTIAL RECOVERY HOME	Record ID:	560013CN
Legal Name:	VENTURA COUNTY HISPANIC COMMISSION ON ALCOHOL AND DRUGS	Service Type:	RES
Address:	1430 JUNEWOOD WAY AND 1431 IVYWOOD DRIVE	Resident Capacity:	23
City, State:	OXNARD, CA 93030	Total Occupancy:	35
Phone #:	(805)988-1560	Target Population:	1.4
		Expiration Date	04/30/2008
Program Name:	COMMUNITY RECOVERY CENTER	Record ID:	560010AP
Legal Name:	VENTURA RECOVERY CENTER, INC.	Service Type:	RES
Address:	166 SIESTA	Resident Capacity:	10
City, State:	THOUSAND OAKS, CA 91360	Total Occupancy:	10
Phone #:	(805)499-8383	Target Population:	1.1
		Expiration Date	01/31/2008

State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs

As of: 11/06/2007

Yolo County

Program Name: CACHE CREEK LODGE	Record ID: 570004BN
Legal Name: CACHE CREEK LODGE, INC.	Service Type: RES
Address: 435 ASPEN STREET, BUILDING A AND BUILDING B	Resident Capacity: 39
City, State: WOODLAND, CA 95695	Total Occupancy: 39
Phone #: (530)662-5727	Target Population: 1.1
	Expiration Date 07/31/2009
Program Name: CACHE CREEK LODGE	Record ID: 570004CN
Legal Name: CACHE CREEK LODGE, INC.	Service Type: NON
Address: 435 ASPEN STREET	Resident Capacity: 0
City, State: WOODLAND, CA 95695	Total Occupancy: 0
Phone #: (530)662-5727 Fax #: (530)662-2304	Target Population: 1.1
	Expiration Date 02/28/2009
Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION	Record ID: 570001DN
Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICE	Service Type: NON
Address: 178 WEST BEAMER STREET	Resident Capacity: 0
City, State: WOODLAND, CA 95695	Total Occupancy: 0
Phone #: (530)666-8658 Fax #: (530)666-8663	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: YOLO COUNTY DRUG AND ALCOHOL EDUCATION	Record ID: 570001CN
Legal Name: COUNTY OF YOLO ALCOHOL, DRUG AND MENTAL HEALTH SERVICE	Service Type: NON
Address: 500 JEFFERSON BOULEVARD, #150	Resident Capacity: 0
City, State: WEST SACRAMENTO, CA 95605	Total Occupancy: 0
Phone #: (916)375-6370 Fax #: (916)375-6355	Target Population: 1.1
	Expiration Date 01/31/2008
Program Name: BEAMER STREET RESIDENTIAL TREATMENT & DETOX CENTER	Record ID: 570001BN
Legal Name: COUNTY OF YOLO DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICE	Service Type: RES-DETOX
Address: 178 WEST BEAMER STREET	Resident Capacity: 14
City, State: WOODLAND, CA 95695	Total Occupancy: 14
Phone #: (530)666-8663 Fax #: (530)666-8663	Target Population: 1.1
	Expiration Date 07/31/2008
Program Name: PROGRESS HOUSE YOLO COUNTY WOMEN AND CHILDREN'S FACILITY	Record ID: 570009AN
Legal Name: PROGRESS HOUSE, INC.	Service Type: RES
Address: 15450 COUNTY ROAD 99	Resident Capacity: 6
City, State: WOODLAND, CA 95695	Total Occupancy: 19
Phone #: (530)668-9627 Fax #: (530)668-8528	Target Population: 1.3
	Expiration Date 06/30/2008
Program Name: WALTER'S HOUSE	Record ID: 570008AN
Legal Name: YOLO WAYFARER RECOVERY CENTER CHRISTIAN MISSION	Service Type: RES
Address: 285 4TH STREET	Resident Capacity: 30
City, State: WOODLAND, CA 95695	Total Occupancy: 44
Phone #: (530)661-1218	Target Population: 1.1
	Expiration Date 08/31/2009

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Yuba County

Program Name: APL ADULT OUTPATIENT COUNSELING SERVICES Legal Name: CARLOS VERA Address: 938 14TH STREET, #150 City, State: MARYSVILLE, CA 95901 Phone #: (530)741-3876 Fax #: (530)741-3876	Record ID: 580004BN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 02/29/2008
Program Name: FOR OUR RECOVERING (F.O.R.) FAMILIES Legal Name: COUNTY OF YUBA COMMUNITY HEALTH SERVICES Address: 6000 LINDHURST AVENUE, SUITE 700-B City, State: MARYSVILLE, CA 95901 Phone #: (530)749-6798 Fax #: (530)741-6397	Record ID: 580002AN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.7 Expiration Date 06/30/2009
Program Name: PATHWAYS I Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED Address: 2 - 9TH STREET City, State: MARYSVILLE, CA 95901 Phone #: (530)674-4530	Record ID: 580001BN Service Type: RES-DETOX Resident Capacity: 23 Total Occupancy: 23 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: PATHWAYS III Legal Name: MIDVALLEY RECOVERY FACILITIES, INCORPORATED Address: 2 9TH STREET City, State: MARYSVILLE, CA 95901 Phone #: (530)742-6670	Record ID: 580001DN Service Type: NON Resident Capacity: 0 Total Occupancy: 0 Target Population: 1.1 Expiration Date 12/31/2007
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, G HOUSE Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC Address: 5655 ARBOGA ROAD, UNIT G City, State: MARYSVILLE, CA 95901 Phone #: (530)743-3304	Record ID: 580003CN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 03/31/2008
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC. Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC. Address: 5653 ARBOGA ROAD, UNIT A City, State: MARYSVILLE, CA 95901 Phone #: (530)743-3304 Fax #: (530)743-3324	Record ID: 580003AN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.2 Expiration Date 07/31/2009
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC. Address: 5655 ARBOGA ROAD, UNIT C City, State: MARYSVILLE, CA 95901 Phone #: (530)743-3304 Fax #: (530)743-3304	Record ID: 580003BN Service Type: RES Resident Capacity: 6 Total Occupancy: 6 Target Population: 1.3 Expiration Date 03/31/2008

***State of California Department of Alcohol and Drug Programs
Licensed Residential Facilities and/or
Certified Alcohol and Drug Programs***

As of: 11/06/2007

Yuba County

Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC.	Record ID: 580003DN
Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC.	Service Type: NON
Address: 5023 OLIVEHURST AVENUE	Resident Capacity: 0
City, State: OLIVEHURST, CA 95961	Total Occupancy: 0
Phone #: (530)743-3304 Fax #: (530)743-3324	Target Population: 1.1
	Expiration Date 03/31/2008
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC.	Record ID: 580003EN
Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INCORPORATED	Service Type: RES
Address: 5655 ARBOGA UNIT F	Resident Capacity: 6
City, State: MARYSVILLE, CA 95901	Total Occupancy: 6
Phone #: (530)743-3304 Fax #: (530)743-3304	Target Population: 1.2
	Expiration Date 09/30/2009
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC.	Record ID: 580003FN
Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INCORPORATED	Service Type: RES
Address: 5655 ARBOGA ROAD, UNIT A	Resident Capacity: 6
City, State: MARYSVILLE, CA 95901	Total Occupancy: 6
Phone #: (530)743-3304 Fax #: (530)743-3304	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INC.	Record ID: 580003GN
Legal Name: NORTHERN CALIFORNIA TREATMENT SERVICES, INCORPORATED	Service Type: RES
Address: 5655 ARBOGA ROAD, UNIT D	Resident Capacity: 6
City, State: MARYSVILLE, CA 95901	Total Occupancy: 6
Phone #: (530)743-3304 Fax #: (530)743-3304	Target Population: 1.3
	Expiration Date 09/30/2009
Program Name: THE SALVATION ARMY DEPOT FAMILY CRISIS CENTER	Record ID: 580005AN
Legal Name: THE SALVATION ARMY	Service Type: NON
Address: 408 AND 410 J STREET	Resident Capacity: 0
City, State: MARYSVILLE, CA 95901	Total Occupancy: 0
Phone #: (530)216-4530 Fax #: (530)742-0893	Target Population: 1.1
	Expiration Date 10/31/2009